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No. 2

The Relation of the Nurse and Nutritionist

By Grace L. Anderson

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Health for Life's Sake

is the angle from which Dr. Williams has written his new book, *Personal Hygiene Applied*. Important as it unquestionably is for the nurse to understand and practice the principles of personal hygiene herself, it is equally important that she transmit this knowledge to others. In this connection, and speaking of Dr. Williams' book, *The Modern Hospital* says, "Physicians, nurses, and hospital social workers are frequently called upon to furnish some guide to patients, parents, and teachers in the way of healthful living. This book will answer that purpose in a broader way than many works of pure hygiene."

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The PUBLIC HEALTH NURSE

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Number 2



EDITORIAL

OUR RESPONSIBILITY

PERHAPS—we might even say certainly—the most important page in this issue of the magazine is that devoted to the question of Reclassification of Federal Civil Service Employees. We make this statement for these reasons:

First: It seems inevitable that before long the larger proportion of public health nurses will be those in public service.

Second: Everyone will agree it is of vital concern to the public that these "public servants" shall have standards of work as high as those solicitously upheld by voluntary organizations.

Third: The Federal Government more or less—we are possibly justified in saying decidedly more than less—sets the standard for these public services. It follows that if a low standard is set by the Federal Government for this division of its employees this action must inevitably affect *all* standards, from national, through state and city to the smallest village, with the result that the particular public

service affected by this measure will tend to mediocrity. Incentive towards the best, from the very human point of view of competition, is lost.

Fourth: The National Organization for Public Health Nursing, which implicitly states that one of its main purposes is the maintenance of standards, cannot acquiesce in a measure which tends to be destructive to these standards, from either the point of view of its nurse or lay members. As nurses we might perhaps be accused of self-interest in bringing pressure to bear. Our lay members as representing the public may, however, protest as vigorously as they choose. But in this question of vital importance to us all we must all stand shoulder to shoulder.

If each nurse will enter her own protest—

If our lay members will enter theirs—

If we both influence our friends to enter theirs—

we shall have done all that is humanly possible to prevent injustice to a body of women whose value to the community is unassailable.

A NEW HEALTH SLOGAN

"Each person a practitioner of health, each physician a teacher of health."

THE plea, "Know thyself," takes on a new meaning in the light of a recent address made by Dr. Haven Emerson at the semi-annual meeting of the Committee on Tuberculosis and Public Health of the New York State Charities Aid Association. For, Dr. Emerson explained, the health objectives of the future, the elimination of typhoid fever, the further reduction of tuberculosis, the reduction of infant and maternal mortality, etc., depend upon the broadening of public interest in the public health movement, and will come only when "every person in the community *knows*, not *guesses*, at his health and the reasonable expectancy of its continuance."

"Each person a practitioner of health, each physician a teacher of health." This is the striking slogan which Dr. Emerson offers for this particular period of the public health movement.

On at least sixty-eight occasions, Dr. Emerson feels that an individual should come in contact with the physician; at least four times in the prenatal period, once a month during the first two years of life, every two months from two to five, every six months for the child of preschool age, once a year during the school period, every two years from sixteen to thirty-six, and once a year from that age

until sixty, if that is put as the maximum of expectancy of life.

"I don't know any better investment that any individual could have made for him than that particular type of medical supervision, and I expect that the broadening of public health will progress from the one man interest in the one community to every man's interest throughout the community each year to get in some way the medical supervision."

Responsibility rests not alone with the individual, however.

"I have no doubt that the attainment of any such objective will depend in large part upon the skill, honesty and thoroughness of the medical profession in meeting the gradually approaching wave of persons who are coming at the beginning of this tide into their offices; that if the physician can quickly enough adjust himself to the new approach of his patient and can train himself in physiology and hygiene, as he has in pathology and the expressions of diseases, he will soon win the public confidence. If that is done it will remain for such organizations as this, for the National Health Agencies, to do what the medical profession never can and never should be doing itself, advertise its capacity to keep people healthy."

The country is now fairly launched upon what Dr. Emerson considers the *third phase* of public health.

GET THE FIRST THINGS FIRST

The American Legion is right in urging that all our school children be taught health and strength. Only about one child in ten gets that training now. Physical education is one of the best factors in human betterment, but some other things come first. While the Legion resolution was in the news, housing investigations in New York City proved that high rents there were depriving hordes of school children of both food and sleep. Countless parents cannot pay the sky-high rent and buy enough food. With twelve people in a three-room flat, children cannot get enough sleep. Thousands of them are short on weight, some of them as much as seventeen pounds, the average being about six. Six pounds is much too big a percentage of a child's weight to be lost with safety. Food and shelter are the absolute rock-bottom needs of a growing child's life. If our biggest and richest cities cannot make children's food and shelter possible, then wise parents will move. A child-robbing city is hell.

Collier's Weekly

THE RELATION OF THE NURSE AND NUTRITIONIST IN A NURSING AND HEALTH DEMONSTRATION

BY GRACE L. ANDERSON

Director, East Harlem Nursing and Health Demonstration

IF a comprehensive view is taken of the health and social problems which present themselves to-day in any given unit of society, it requires bravery to enumerate what must necessarily be left undone. Such questions as these arise:

1. What health organization is provided with a budget adequate to meet the needs of a given community from the angle of nursing and nutrition?
2. What percentage of the expectant mothers in the community receive standard care throughout pregnancy?
3. How completely is the infant welfare work covered?
4. What percentage of the vast army of preschool children is under health supervision?
5. What organization has followed even a small number of the younger generation, through the ante and post-natal periods, the infant and preschool years to the time when these children enter school?
6. How much work must be done to bring a group of children up to normal nutrition, and keep them there?

A nursing demonstration must honestly face these problems, and work toward their ultimate solution.

We know that in the last twenty years quite an army of public health nurses has been prepared and put into the ranks for public health. Between eleven and twelve thousand such women are giving generously of themselves in behalf of better physical equipment for the generations to come. In the past, and to a large extent at the present time, on account of hereditary and environmental conditions, much of the health work has been of a remedial and corrective type. This has consumed so much of the workers' time and energy that health promotion has been given a secondary place, although it should be our primary objective if constructive results are to be obtained.

The East Harlem Nursing and Health Demonstration (an account of

which appeared in the August PUBLIC HEALTH NURSE) having a generous budget with which to conduct a nursing and health study, has as its ultimate aim not only the negative side of health, but is making a serious effort to give equal prominence to its more positive aspects.

The workers have been selected from two professional groups, viz., the "public health nurse," and the "nutritionist." Not one of the least of the problems confronting the successful administration of this work is the question: How will these two groups of professionally trained women work together? Will propinquity result in a finer and closer cooperation, or will the work built up by two groups result in professional self-consciousness? Will the joint service make for friction and duplication, and hence a loss in the ultimate contribution that the Demonstration has set out to make to the 5000 families living within its area?

The ratio of nutritionists to nurses is about one to five. Much thought has been given to the selection of each group, from the standpoint of fundamental education and professional training. It seemed self-evident that if different types of health workers started out with an equal educational equipment, many misunderstandings would be eliminated. They would have what might be called educationally "a common language."

All staff conferences have been held jointly for the two groups. Common problems, the solution of which leads to unity between nurses and nutritionists, have been discussed freely and a democratic expression of opinion stimulated.

The word "nurse" is known in all lands and in every home to-day. The

word "nutritionist" is not so generally known, and for this reason the workers felt from the beginning that the *first* contact in all cases should be made by the nurse. In fact the nutritionists have felt to some extent the handicap of their title and have asked if it would not be more helpful if they could be called "food nurses." They have shown their appreciation of the psychology of the uniform by adopting one for themselves.

Another policy followed in working out the health service has been to give the nurses the task of acting as assistants in all diagnostic clinic work, and charge of all work necessary for the correction of defects. It is only after making the people of the district fit that we feel they are ready to be referred to the nutrition service when malnutrition is evident. The number of children needing special nutrition supervision is not heartening, but it is certainly a waste of time to expect to do anything with nutrition when we have other remedial factors that definitely prevent the child's normal development.

The nutritionist is the expert in the problems of feeding and in the wise and economical buying of food. In this capacity she is called into every type of service offered by a health demonstration. Her service is extended to expectant mothers, patients convalescing from all types of illness, pneumonia, and in the work with infants and young children. On the positive side, the nutritionists have charge of the group teaching, in preparation for motherhood, care of infants and young children, and classes in health habits. They in turn are making generous demands on the nursing service for help in preparing the body of knowledge to be given. The nurses are taking, as their part in teaching, such principles and procedures as have direct bearing on their work, while the nutritionists' task has been to teach the relation of food to health and the importance of good health habits. The injection of two personalities, each

with a distinct contribution and the same objective, makes the group teaching spirited, and helps to hold the interest. A further distribution of the activities has been worked out as follows:

To the nurse is given all bedside service, all ante-partum service, infant welfare service, charge of preschool service, and a part in all group teaching.

The nutritionist is given charge of the organization of the group teaching, dental work, of the fresh air and special nutrition cases, which she carries over a period of months under medical supervision.

The accompanying chart shows the proportion of work done by each service.

How have the nutrition worker and the nurse felt about working side by side from the angle, first, of the patient; second, of the worker?

Before attempting to answer this question, it seemed fair to let the workers speak for themselves. Their answers follow:

FIRST. What The Nurse Says:

(a) From the angle of the patient.

"Having the nutritionists on our staff helps us to gain the confidence of the patient from two angles. The presence and teaching of the nutritionists aids in stimulating the interest of the patient. In teaching the selection and preparation of proper foods and in budget making, the nutritionists are making a contribution to health economy. We all feel that a health program is not complete without their aid."

(b) From the angle of the worker.

"Nurses attending patients, most of whom present a nutrition problem, have the advantage of a consulting nutritionist on their own staff. Patients presenting special nutrition problems and requiring no other care, or cases in which nutrition supervision is the outstanding need, can thus be cared for by an expert. Nutritionists are coworkers in the welfare projects

which present neither an outstanding nutrition nor nursing problem. Each group inspires, stimulates, and assists the other in public health propaganda."

SECOND. *What the Nutritionist Says:*

(a) *From the angle of the patient.*

"The nurse definitely strengthens the work of the nutritionist by preparing the way, thus making the first contact easier and the instructions more effective. She arouses the mother to a realization of the need for help in the selection and regulation of the family dietary, and in health habits. Many of the serious nutritional problems in the home would, but for the nurse, remain unknown."

(b) *From the angle of the worker.*

"We believe one of the most valuable contributions from the nursing to the nutrition service has been stimulation, due to the high standards of the work on the part of the nursing service; the ideal that nothing short of the best would be tolerated. In other words, the nursing service has been a challenge to the nutrition service to make good their work by earnest effort, and in the end measure up to these ideals. Also, there is an inspiration in the knowledge that nutrition service has at last reached the point where the nutritionists would be recognized as co-workers with the nurses in the Health Demonstration. We have found the nurses have much to teach us which is of actual value. We are proud to join in doing our bit in the race for health with the nurse."

Future Evolution

The following questions will inevitably arise in connection with such work as we have been discussing: Why cannot the nurse do all the nutritionist does? Why inject a new worker in the field, thus increasing the complexity of the service? The nurse might do all that the nutritionist does if she has been given her special training. But then she would probably cease to function primarily as a nurse,

and become a nutritionist. It is just as true to say that the nutritionist might do all that the nurse does. Then she would be a nurse. The body of knowledge that each type of worker needs in order to present the whole program of health and nutrition is so large that with our present methods of education the worker who is an equally good public health nurse and expert nutritionist has not yet been evolved. This evolution may be accomplished in the future. One of the best ways to bring it about is to bring together the two services, as has been done in the Demonstration's work.

We propose to experiment later on with these relations in this way. The work of the field nutritionist in a limited area will be taken over by nurses, under the supervision of the nutrition supervisor. We will then be able to estimate how efficiently a nurse can combine her generally accepted functions with that of the nutritionist.

Both types of professional workers have a definite place on any staff, offering a well-rounded health program. Both have a contribution that is unique and that has its rudiments in her special training and experience. If these contributions were analyzed, we would probably say that the nurse brings to health work—

1. A real contribution in avenues of approach.
2. A knowledge of disease and the art of nursing that gives her authority both to speak and to act.
3. A knowledge of the psychology of the relation between physician, nurse and patient that is invaluable.
4. A technique that has been more carefully standardized than that of any health or social worker entering the home.
5. Considerable knowledge in handling people, through much experience.
6. And last, but not least, what seems possibly the most outstanding contribution: an ability, more than ordinary, at organization and administration, gained through her years of hospital training.

What does the nutritionist bring to the health field?

1. An education in certain phases of health that has been gained through experimental laboratory methods. She does not quote others too much, because she has

been able to follow extensive experiments herself.

2. A large contribution to the understanding of the positive side of health work.

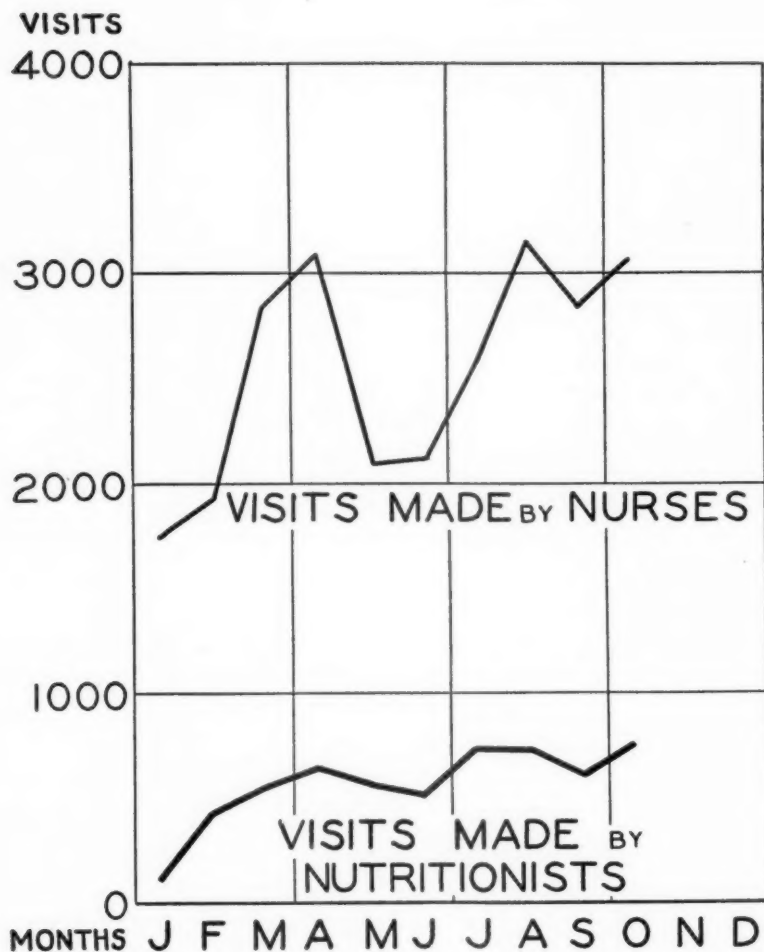
3. A fundamental training in teaching methods that necessarily enables her to make a distinct contribution in group teaching.

4. And last, a modesty and a true appreciation of coöperation that is an inspiration to us all.

We will all admit, I think, that the

Mosaic, called life, is so complicated that there is no place for professional jealousies. Thoroughly prepared people are needed, in far greater numbers than can be obtained to-day, whose training has been of head as well as hand. And then they must be willing to offer up their best on the altar of health for life's sake, with a self-forgetfulness that brings perfect coöperation.

CHART SHOWING NUMBER OF VISITS MADE BY NURSES AND NUTRITIONISTS



Depletions in staff resulting in a 17 per cent drop in nursing hours, explain the decreased number of nursing visits in May and June

MAKING AMERICANS ACQUAINTED

Indian and White School Children Are Building Bridges of Friendship

BY WALTER S. GARD

American Junior Red Cross

IT HAS been more than four hundred years since the first American reception committee of which we have record voiced greetings to a stranger. That committee extended the hospitalities of a new land to Christopher Columbus and his intrepid crew who came sailing out of the East. So favorable was the impression created by this early day committee and the people they represented that the explorer reported the natives of this land to be gentle, courteous and likable members of the human race.

What happened to change this conception of the original American? Perhaps it grew out of the Indian's resentment over the invasion of his country and the fact that he fought for his land and his home. The warwhoop and tomahawk came to picture the Indian—he was the “bad” Indian. James Fenimore Cooper could not compete with the gossip of pioneer camp fires, the tales of massacre and ambush, which gave final color to the world's concept of the American Indian, or the Amerindian as many ethnologists and historians are beginning to call him. Few, indeed, were those who sought out the Indian that they might know him. Missionaries and soldiers in frontier army posts represented the extent of the white man's neighborliness.

Recently there has come about an evident determination to right the wrongs that have been done the Indian, in some measure at least. The Indian Bureau of the Department of the Interior, churches and social agencies have been at work in an effort to bridge the chasm between the white and red Americans. Some time ago the American National Red Cross dispatched nurses to the Indian reservations to lend their aid in combating tuberculosis, trachoma, and other ills due to the Indian's lack of knowledge of hygiene



WEARING THE TRIBAL COSTUME

Two Indian Boys on their Way to School on the Taos, New Mexico, Reservation. One of the pictures made by Anna M. Upjohn.

Courtesy American National Red Cross

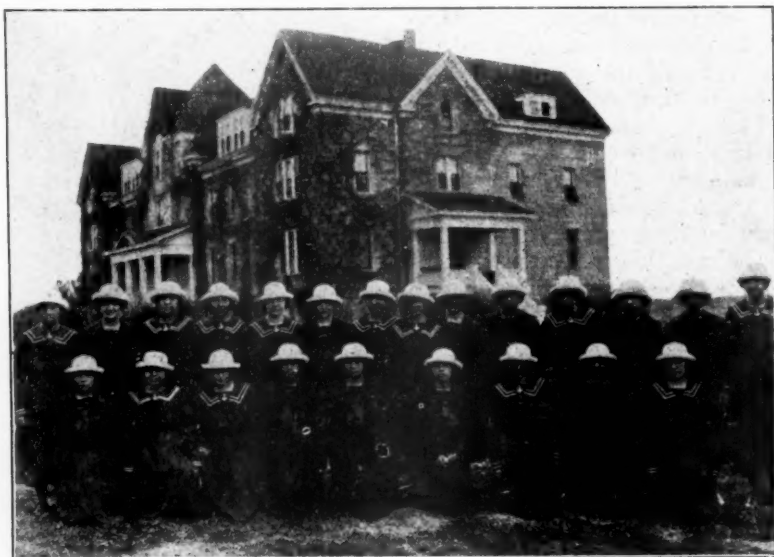
and modern methods of fighting disease. Four months ago the Red Cross undertook to carry its message to the Indian children by enrolling them in the American Junior Red Cross. Chairman John Barton Payne of the Red Cross carried with him when he relinquished the duties of Secretary of the Interior, a deep interest in those people we have been schooled to regard as “the wards of the Nation.” He not only concerned himself with the work of the Red Cross nurses among the Indians, but he was emphatic in his belief that the Red Cross had a place in the Indian schools. Cordially and with the fullest coöperation, Commissioner Burke of the Indian Bureau and

H. B. Pears, Chief Supervisor of Indian Education, took up the suggestion and aided in launching the movement in the day schools and boarding schools, as an agency calculated to bring about a friendly understanding between future generations of the red and white Americans.

Enrollment of Indian Schools

An Indian school is taken into the American Junior Red Cross, the school children's branch of the Red Cross, on the same basis that any school is en-

form "Fit for Service Clubs" where personal health habits are taught and put into practice. They are urged to undertake the same acts of service for their school and community that are carried out by Juniors everywhere under the motto, "I Serve." This program seeks to give to Indian children an opportunity to share in Junior Red Cross activities and thereby links them definitely with a world-wide organization of children. It gives to other American children an opportunity to be of service to Indian chil-



Indian Students of the Government School Located at Chilocco, Oklahoma

rolled, in order that the children of the reservations may know that no distinctions are made. The rapidity with which the schools enrolled and the avidity with which they entered upon Junior Red Cross work have more than justified the step that was taken. The Indian children are organized into classes for instruction in first aid, nutrition, care of the sick, home hygiene and nursing, just as are all Juniors. They are encouraged to make articles for hospitals and sanatoriums on the reservations, some of the raw material being supplied where necessary by Juniors throughout the country. They

dren in appropriate ways and by the creation of a sense of coöperation in enterprises of common interest cultivates mutual understanding and friendship.

Interchange and Stimulation of Indian Art

Sympathetic coöperation is made possible by providing that white schools may supply the raw material—cloth, beads, paints, and other articles to the Indian schools whose pupils in turn present the finished products to their young white friends. Samples of the handwork of girls and boys made

in the classrooms of the white schools also constitute a part of the educational material to be included in this interchange. Preservation of fast disappearing Indian designs will be stimulated by encouraging Indian children to utilize them in their art classes, their embroidery, weaving and pottery work. Not only will samples of this work be exhibited in the white schools but the pupils in these schools are being supplied with Indian designs in color that they may be studied, the symbols comprehended and the beautiful lines utilized in art study and other classroom instruction. Moreover, tribal designs and art will be passed about among the Indian schools that pride in the accomplishments of their race may be sustained. An interchange of Indian music and art unfolds almost infinite possibilities for the preservation of the fine things of Indian culture and for breaking down the social barriers between the races.

Another phase of the Junior Red Cross program which has offered strong appeal to the Indian schools is that of interschool correspondence. Class and group letters may be sent to schools in twenty or more foreign countries as well as to schools throughout the United States. In these letters

the children describe their schools, their daily routine, their games, their homes and their social life. Accompanying them are portfolios containing samples of their handwork, class photographs, pictures of their buildings and many other intimate touches. The white schools engaged in Junior Red Cross work send similar letters and portfolios to the Indian children.

The spirit in which the Indian children have entered this new field of co-operative effort with other American children is reflected in their letters and portfolios. "In our great cities we have many tall buildings, some of which are fifty stories high," recently wrote a Wisconsin Indian school class in a letter to be sent to Red Cross Juniors in Holland, and then the pupil naively added, "we have no very tall buildings near Tomah." The letter continues, "Some of the Indians still live in wigwams but many of them now live in houses. We like to go to school so that we may learn to read and write. Then we can learn many other things. We can learn all about the great world in which we live." And, in its last line is this added note of assurance, "From your friends."



Girls of the Indian School at Chilocco, Oklahoma

DO YOU WANT NURSES CLASSIFIED AS NON-PROFESSIONAL WORKERS BY OUR GOVERNMENT?

Congress appointed a board to re-classify government employees, under the provisions of the Sterling-Lehlbach bill. This committee has recommended to Congress that nurses be placed in the non-professional grade.

Unless we act at once this will be done.

Write immediately to Senator Medill McCormick, United States Senate, Washington, D. C. (Chairman of the Senate committee to consider the recommendations of the Reclassification Board), and to your State Senator and Representatives, protesting this classification. The following resolution was adopted by the Executive Committee of the N.O.P.H.N. on Wednesday, January 15, and may suggest arguments for your letters:

The National Personnel Reclassification Board has proposed the placing of nurses employed in government public health agencies, which include the United States Public Health Service, the Veterans' Bureau and the Bureau of Indian Affairs, in a non-professional classification. In consequence of this fact, the National Organization for Public Health Nursing has adopted the following resolution:

1. *Whereas*, the need for highly qualified nurses in all fields of nursing, particularly in the public health field, is an obvious one, as evidenced by the general disparity between supply and demand, and as further evidenced by the findings of the Rockefeller Committee, presented in a report at the end of three years of study of Nursing Education;

2. *And whereas*, the National Organization for Public Health Nursing, which is a constituent member of the National Health Council, was organized for the purpose of:

a. Stimulating responsibility for the health of the community by furthering the establishment and extension of public health nursing, and the education of nurses in public health;

b. Developing standards and technique in public health nursing;

3. *And whereas*, largely through the work of the National Organization for Public Health Nursing, the body of nurses qualified for public health nursing has increased in twelve years from two hundred to twelve thousand, this increase accompanied by a progressive raising of standards;

4. *And whereas*, therefore, because of these high standards and growing demands it becomes increasingly important to attract to the nursing field women of such general education and capacity as could with added technical education be classified as professional workers and who unless nursing is given the recognition of such professional classification will be diverted to other fields now open to women;

5. *And whereas*, the National Organization for Public Health Nursing, being deeply interested in a high type of nursing for all government bureaus, greatly fears that the proposed classification for nurses in federal service will react so unfavorably on the nurses of the country as to render it increasingly difficult to secure an outstanding type of health and nursing service for our Government wards;

6. *And whereas*, nursing has evolved in fifty years from a crude hand service to a dignified position in the field of social endeavor, as is evidenced by the recognition of individual members of the group by such universities and colleges as Yale, Columbia, Brown, Northwestern, and Mount Holyoke, and by the establishment of departments or schools of nursing within seventeen great universities;

Therefore, be it resolved, that we as American citizens and public health nurses do protest the proposed reclassification as a reactionary measure and urge that the classification of nurses in the professional group shall be sustained.

ELIZABETH GORDON FOX,
President.

HEALTH PROBLEMS IN INDUSTRY*

By N. J. ARDAN, M.D.

Union Carbide Co., Niagara Falls, N. Y.

Dr. Ardan presents in this paper an interesting proposal. We hope nurses engaged in industrial work will send comments and suggestions.

THE stability and permanence of a nation depends upon the physical well-being of its people. "The price of a sound comprehensive national life," says an outstanding scientist of our day, "is a widespread, intelligent, scientific research." We are learning to pay that price as we discover how essential to national perpetuity is a strong physical basis. Our national life is a human life. The physical basis of human life is human bodies, not simply national resources. Sound health is more fundamental than sound government, and the physical integrity of our people, more important than any other single factor. What has been done in the matter of research to ascertain the conditions of the achievement of a sound physical basis for national life? What is being done to organize the findings of research into a constructive program of health-building? What can be done to lay the foundations of such a constructive program?

For many years past industries have consistently utilized the training and skill of civil engineers in the development of their plants. They have harnessed the brains of mechanical genius to the task of installation and upkeep of equipment. They have utilized the cleverness of men trained in the mysteries of electromotive forces to set their machines in motion. They have employed the ingenuity, perseverance and accuracy of chemists to decipher for them the hieroglyphics of raw materials.

But more important than these from the point of view of our national life, the human element in industry has been given increasingly its due share of investigation. It is not surprising

that facts were brought to light, the significance of which was such as to justify the placing of this phase of research into the hands of industrially trained medical men. These men were broadminded and sympathetic and so could understand the point of view of the worker. They were also big enough to recognize the good intentions of the industries. Hence, the birth of *industrial medicine*, and with it the beginning of a program for the study and solution of the health problem in industry.

Just what is this problem in industry? Where does it begin and what does it involve and where does it end? What are the conditions in which a worker occupationally lives and what are the conditions in which he recreationally lives? What are the elements of these environments which may become health-disturbing factors?

Health-Disturbing Factors in Industry

When we turn to consider these possible health-disturbing factors we find them to be many. There are the extremes of temperature to which the worker is exposed in the plant. There is also the element of dryness or of humidity. There are dust and gases and fumes, penetrating noises, extreme or insufficient light, monotony of operation. Then, too, there are various physical strains, some of which are constant and others which are incidental to the speeding up of work. Besides these, there are communicable diseases commonly transmitted from man to man under just such conditions as those in which men are thrown together in plants.

Then there are the health-disturbing

*Paper presented at meeting of New York State Organization for Public Health Nursing, Buffalo, New York, October 23, 1923.

Reprinted from *The Industrial Doctor*, Journal of the New York State Society of Industrial Medicine, for November, 1923.

elements in his home and recreational environments. These may be called his home and community hazards. Of the first class, the chief is the prevalent tendency to overcrowding. Houses intended for the occupation of a single family often house two or three and sometimes more. Overcrowding breaks down bodily resistance and predisposes to repeated colds, and various other infectious diseases including tuberculosis. It invites intimacies which are not only destructive of morality but result in disease.

Again, there is the element of poorly balanced meals. Without properly balanced foods resistance, strength and general health cannot be maintained. Where there is neither time nor conditions for the proper preparation of meals this matter of improper feeding is bound to be a health-disturbing factor. With overcrowding always goes the lack of proper ventilation and the lack of sunshine, which are factors in undernourishment and are elements in the cause of various stomach and bowel and kidney troubles as well as the cause of that very prevalent and very much underestimated disease, especially among children—rickets.

Then, there are the general insanitary conditions, incidental to overcrowding, to which the worker is exposed when off the job. These have been hinted at in part. These are the nauseous atmosphere, the accumulation of dirt in which are bred those relentless disease carriers—flies, fleas, lice and bedbugs. The cats and dogs sleeping on the beds and under the beds and the chickens and goats, and once in a while a pet pig entertained in the combination kitchen, dining- and living-room, all make their inevitable contribution to the general health-hazard.

Not only are there these home health-hazards but there are others we may call community health-hazards. When off the job the worker may attend church, community meetings, dances, moving picture shows in auditoria, few of which have been adequately ventilated or guarded against overcrowding. He indulges in gamb-

ling, in excesses of eating and drinking, late hours and evil companions. This is the time in which he is most widely exposed to various epidemic diseases. Besides these, the worker suffers the brunt of the high cost of living; he worries over financial and family difficulties, sickness, accidents and propaganda of agitators.

Investigation and Revelations

Consider now the actual findings of investigation. These are the revelations made by the reëxamination of about 1400 old employees at one plant. The relation of cause and effect is made plain by them. In the second largest group, there was a total of 610 respiratory defects, of which 416 were of the nasal obstruction variety. In the largest group there was a total of 1013 defects composed of dental caries, pyorrhea and the minor gum infections. In the third group there was a total of 287 defects composed of heart diseases, hernia, and varicose veins. These defects singly or in combination represent, as you know, a potential cause leading to our most common functional disorder—fatigue—of which there were quite a few cases in various degrees of severity.

The records of the original examinations of these men do not disclose all enumerated defects; hence there is every reason to believe that a certain proportion of these is of a comparatively recent development.

What is more important, the majority of these defects are directly traceable to faulty home and community environments and to lack of education, while only a minority of defects appear to be due to the so-called occupational hazards.

Institution of Health Supervision

Realizing that disease, although insidious and less spectacular, is nevertheless as potent a factor as an accident in its effect upon a worker's productivity, industries have instituted health supervision in their various plants, with the view of counteracting this newly recognized waste.

To this end the activities have been classified under three general heads:

1. Those intended to meet the immediate needs of industry.
2. Those intended to be a survey of the jobs and the man power with the view of bringing about the proper adjustment of man to job.
3. Those intended to be a survey of plant environment with the purpose of bringing about the elimination or correction of all detrimental factors therein.

The nurses are not directly concerned in the intraplant health-program because activities here are carried on by the plant physician, safety inspectors, safety committees and the like. The nurses, therefore, need only to be acquainted in a general way with the recognizable plant hazards so as to be able to meet intelligently the emergencies arising in the absence of the plant doctor.

Futility of Health Service in Plant Only

After all is said and done in the educational, physical and supervisory way to solve the health problems within the plants, we must recognize that a worker is within the plants only eight hours out of twenty-four. No matter how elaborate the plant health program may be, it covers at best only one-third of the worker's time exposure to health hazards. While it is true that only a few of the leading industries have yet developed a more or less well-defined health program for a purpose of meeting home and community needs, even such efforts are neutralized by the fact that a man having this health service in one plant passes to employment in an industry in the same community which has no such service. The majority of industries have not deemed it worth while to develop for their workers a home and community health program commensurate with their plant activities, notwithstanding the figures gathered by the Prudential and Metropolitan Life Insurance Companies which show that there was a preventable death rate of over 500 per every 100,000 population in 1911. That rate is not appreciably lower to-

day. The majority of industries have not thought it worth while to develop the necessary home and community health program for their employees in spite of the fact that the disability experience of the Workman's Sick and Health Benefit Fund of America shows the average annual loss of time per individual of 185,018 members to have been 6.6 days, a loss per man at 50 cents per hour of \$29.70 yearly.

Home and Community Health Program

This means that the loss for the entire group for a year amounts to \$5,495,034.60. Therefore there is no question that there exists a very real and vital health problem in which all industries ought to be keenly interested, and actively engaged in search of its solution. And again I insist that this health program must include more than the industry. It must be a program for the home and recreational life of the man, for but one-third of his health hazards are plant hazards. The other two-thirds are home and community hazards. In these the plant must concern itself, because the success of industry, like the perpetuity of national life, rests on the basis of the physical well-being of the workers.

Until this great home and community health program is worked out generally and satisfactorily, whether through comprehensive industrial organization for its solution or whether by state assumption of the responsibility, the tentative solution rests upon the shoulders of you nurses generally, whether you are industrial nurses or whether you are in some other line of public health or private duty nursing. Upon your shoulders especially rests the burden of the solution of the home and recreational phases of the problem in which is involved the two-thirds of the health hazards of the workers.

Development of a Nursing Service

Personally, I believe the solution of the whole problem lies in the development of visiting nurse units in industrial centers. To this end your co-

operation and enthusiastic devotion is imperative. In fact nurses are the very rock foundation upon which *industrial health* must be built up. Upon your initiative and resourcefulness will any industrial health program have mainly to rely for its success.

Just what type of organization is contemplated? The nurses themselves, if alive to the problems and their possible solution, could organize under the auspices of the local nursing clubs with central office and needed clerical force. These clubs can enter into contracts with the industries for the care of their home and community nursing service. Of course, the community would have to be divided into zones with assignment of nurses to particular zones. Industries would send the names and addresses of employees needing care to the central office where the cases would be assigned to the nurse covering the zone in which the case was located. Reports would be rendered to the central office where copies would be placed on file and from which reports would be sent to the interested industry. Follow-up service would be carried on in some adequate routine manner until the case was finally disposed of.

Advantages of This Service

There are very definite advantages in such an attempted solution of this problem. To the men the advantage would be in having prompt service to self or dependents by a nurse who is intimately acquainted with that particular community, its problems, conditions and its people. There would be the advantage gained for the educational and later recreational guidance for self and dependents consistent with the customs and racial traditions of the various groups in their respective zones.

To the industries there would be the advantages resulting from the trained and properly supervised service which will improve the workers' individual productivity by keeping them fit and on the job.

The advantage from general improvement in morale would be found

to be of great value, because, whether we will admit it or not, there is a distrust of capital on the part of labor. This is manifest towards nurses who are directly in the employ of industries. This attitude could be done away with by the establishment of the central office under the auspices of the nurses' clubs. The coöperation of men and these nurses would be more ready and reliable under these circumstances than it is now where the nurses are definitely in the employ of the owners of the plants. Then, too, there would be the advantage to the industries of better service at less cost.

Advantage to Nurses

To the nurses themselves there would be a definite advantage. While they would be rendering an inestimable service to the men and to the industries it would not be to their own disadvantage. Whereas now the average length of day for the private-duty nurses is about sixteen hours, the industrial visiting nurse would serve but the regulation industrial day. Then, too, while the private-duty nurse has to serve Sundays and holidays, the industrial visiting nurse would serve but the regular working days. Again, the private-duty nurse receives five dollars a day with lapses of time between cases, while the industrial visiting nurse would be regularly employed throughout the year, with vacation of two weeks with pay.

This type of service would not be some extraneous service forced upon an already well cared for community. While it would function in a sphere of its own it would nevertheless make contribution to the solution of the general problem of national well-being. There would be closer coöperation between this service and such organizations as the Department of Health, the Department of Education, the Department of Charities and Corrections and such subsidiary organizations as the Well-Baby Clinic, the Maternity Clinics, the Life Extension Work. This general coöperation would aid in the production of a better standard of

living, would improve individual and community morale and would result in a sound and comprehensive national health.

A Challenge

To you, therefore, there comes out of the situation we actually face in industry to-day, a momentous challenge. That of the war-time service was a great challenge accepted and discharged with honor and credit by the nurses of the nation. To-day, the challenge is a peace-time service challenge. With the same confidence and in the same hope that the nation looked to you in the years just past, the citizens who are alive to the pressure of this problem and who understand its sig-

nificance for our national well-being look to you. They look to you for the same devoted coöperation as was shown in that more spectacular but not less significant opportunity of service to national good. To see the vision of the service to be rendered, is to will to render the service.

Will you not strain, if need be your every power of mind and heart, that you may see the need and the opportunity? Seeing it you will, I am confident, put forth every effort to help in the solution of the problem—the problem of finding the way by which we may best conserve the physical health of that section of our fellow-citizens which is employed in industry.

PRACTICAL OBJECTIVES IN HEALTH WORK DURING THE NEXT TWENTY YEARS

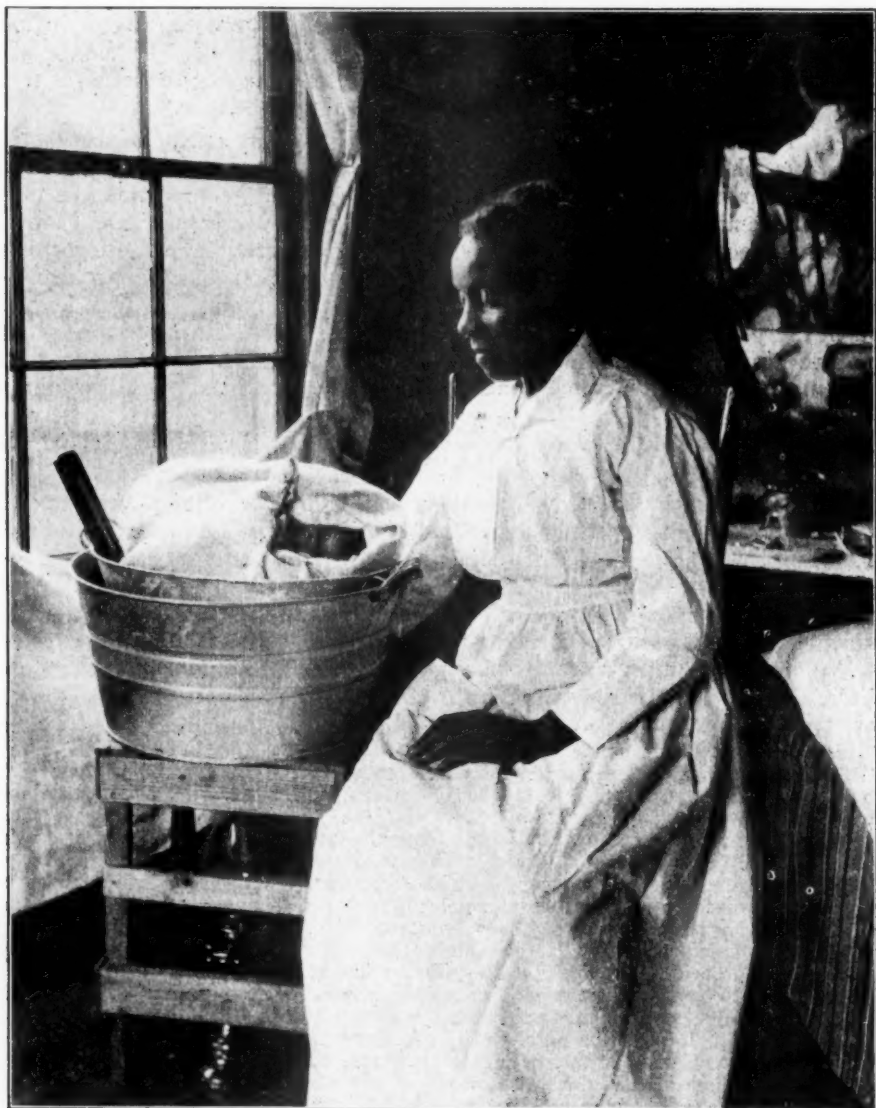
Health News, the monthly bulletin of the New York State Department of Health, prints in the September number the last public address made by the late Dr. Hermann M. Biggs. This address, which was given at the National Conference of Social Work in Washington in May, summarized the recently achieved extension of life in New York State and City, and presented a striking estimate of further gains which may reasonably be expected.

We copy the "most important health objectives" as summarized at the end of Dr. Biggs' admirable presentation of the subject:

1. Establishing the custom of obtaining periodic physical examinations of every individual made by competent physicians.
2. Provision of systematic instruction in elementary physiology and hygiene and in health habits in the primary and secondary schools, and more extensive instruction in the normal schools and universities.
3. Further reduction in the death rate from the common infective diseases, such as tuberculosis, diphtheria, typhoid fever, scarlet fever, diarrheal diseases of infancy, etc.
4. Postponement of the age at which death occurs from the cardiovascular diseases and the other diseases of later life, through physical examination and instructions as to methods for retarding or arresting their progress.
5. Continued efforts, through research, to solve the problems connected with the causation and prevention of the acute respiratory diseases and cancer.
6. Continued efforts to prevent and cure certain diseases of nutrition and metabolism, such as diabetes, scurvy, rachitis and gout.
7. The prevention by education and law enforcement of new infections in the venereal diseases, and provision for more adequate treatment of syphilis.
8. The extension of the educational work of the public health authorities as a most effective means to promote the preservation of health and the prevention of disease.
9. Better and more extensive organization of the prenatal, maternity and infant work, and the care of the preschool child.
10. The extension of the work in mental hygiene and oral hygiene, including ample facilities for treatment.
11. The efficient development and extension of medical school inspection, and its follow-up with the provision of adequate facilities for the treatment of the diseases and defects found in school children.

We must look to a decrease in the specific death rates in the future and not expect continuous and material reductions in the crude death rates. On the contrary, if the population begins to reach a stable equilibrium, and birth rates continue to fall and approach the death rates, the crude death rates will tend to increase as has been the case in France.

A SIMPLE METHOD FOR THE CARE OF PREMATURE BABIES



Miss Nannie J. Minor, Director of Public Health Nursing, State Board of Health, Virginia, sends us this interesting note on "A simple Virginia method of keeping premature babies warm."

Dr. W. A. Plecker, State Registrar, Bureau of Vital Statistics, State Board of Health, who improvised it, writes the following description:

"This method consists in the use of two ordinary foot-tubs, placed one within the other, with water between. These tubs are placed across two chairs or boxes and a lamp kept burning beneath, which can be so regulated as to keep the water at a temperature of 90 degrees. Sand is placed in the inner tub to weigh it down, being a little heavier at the foot so as to elevate the head slightly. A soft bed of absorbent cotton is made in the smaller tub, in which the baby is kept wrapped, without having been handled to wash or dress it. The child is fed upon the mother's milk with a drop tube, a small quantity at first every hour.

"An interesting letter has just been received from a Petersburg midwife who claims to be the first in that city to have saved by the methods mentioned a baby which weighed but two pounds at birth. This diminutive stranger opened its eyes on the world last January and in six months is a lusty youngster of thirteen and one-half pounds."

THE PUBLIC HEALTH NURSING CENSUS, 1924

BY MARY AUGUSTA CLARK

Consulting Statistician of the National Organization for Public Health Nursing

THE 1924 *Census of Organizations Administering Public Health Nursing* is to be taken early in the year. The plans which have been developed for taking the census are somewhat different from those followed by Miss Y. G. Waters in gathering information in previous years. The 1924 plans have been suggested by certain similar activities of the Federal Government with which all American citizens are familiar.

Probably the mention of a "census" suggests as a first thought the United States population census. Once in ten years the Federal Government takes a census to determine the population of the United States. In a short period of time enumerators, each responsible for a certain definite area, attempt to secure information about every person living in that area. Usually they get the information through direct interviewing, but sometimes, as for instance in the case of family groups, the information may be obtained indirectly from someone able to give the required information.

In the Federal population census, those about whom information is recorded have little responsibility except to give correct verbal replies to the questions of the enumerator. The main task in a census of this type rests with the enumerators. Careful instructions are given to them in order that they will put the questions correctly and record the replies accurately. Moreover, they are required to swear to a statement of the completeness and accuracy of the reports they turn in.

Obviously it would be too great an undertaking for the N.O.P.H.N. to attempt to organize a census of this type, with trained agents sent to secure information from the more than 4,000 nursing organizations in the United

States. It has been necessary, therefore, to make plans whereby the desired information may be obtained through a more simple scheme of collection.

The plan determined upon is to send to each organization a question blank, and to ask a representative of each organization to record the answers to the questions and return the blank to the N.O.P.H.N. This method bears an interesting resemblance, we think, to the inquiry carried on by the Federal Government in connection with the income tax. The Government requires something more than that each person merely figure up his net income, compute the tax, and pay it. It asks that each person report in a blank more or less elaborate, according to the amount of his income, the sources of his income. These blanks are used by the Government not only as evidences of the accuracy of the calculation of the tax, but also as the basis of many important studies of the distribution of wealth in the country.*

Income tax agents do not call and ask the questions. Each person is held responsible for writing his own replies to the questions. Moreover, he is held responsible for procuring a blank for himself if the Government fails to send one to him. In fact the Government has the power to seek out and punish all who evade handing in returns or who do not make true statements about their incomes.

It is interesting to see what efforts the Government makes to arrange the forms so as to secure the desired information. Not only are the items to be reported carefully described on the blank itself, but also detailed printed directions are attached to the form describing all points which are difficult to understand. In addition, there are ex-

*For an example see "*Income in the United States, Its Amount and Distribution*," issued by the National Bureau of Economic Research.

perts who are able to advise about any points which may not appear clear in the directions.

The resemblance of the plans for the nursing census to the income tax inquiry is apparent when we consider the several responsibilities in the taking of the census, to be borne by the Statistical Department of the N.O.P.H.N., by the organizations administering the nursing services, and by the state census representatives.

The Statistical Department, in conference with members of the staff of the N.O.P.H.N., directors of nursing service and others, has selected the items concerning which information is to be secured. A great deal of care has been taken in preparing forms which will enable the organizations to record information about their activities accurately, and with as little writing on their part as possible. In addition, directions have been prepared to make clear to the organizations just what information should be recorded about each item.

The state census representatives are to serve as "experts" to explain to the organizations of their respective states details in regard to the filling in of the forms. In addition to this service, they will assist in compiling the lists of addresses and in distributing schedules. Finally, and most important of all, because of their intimate knowledge of the results of the census, they will be able to show the organizations, and the individual nurses as well, how to use those results in working out their own problems.

The responsibility of the organizations in the census plan is to fill in the census schedules completely and accurately and to return them promptly.

NOTE: An explanation in the March number will describe how records secured in the census may be used.

Organizations which fail to receive schedules are responsible for sending their addresses to the N.O.P.H.N. in order that schedules may be sent to them. The fact that a census is to be taken will be widely advertised so that organizations whose addresses have not been secured may be informed about it.

However, while the responsibilities assumed by the N.O.P.H.N. of arranging the machinery of the census and informing the organizations about it are like those of the Government, it has no power to compel the organizations to cooperate in carrying out the plan. Because the cooperation of the organizations in this census is purely voluntary, their contribution to the successful carrying out of the plan will be correspondingly greater than in the case of citizens who file income tax returns under Government compulsion.

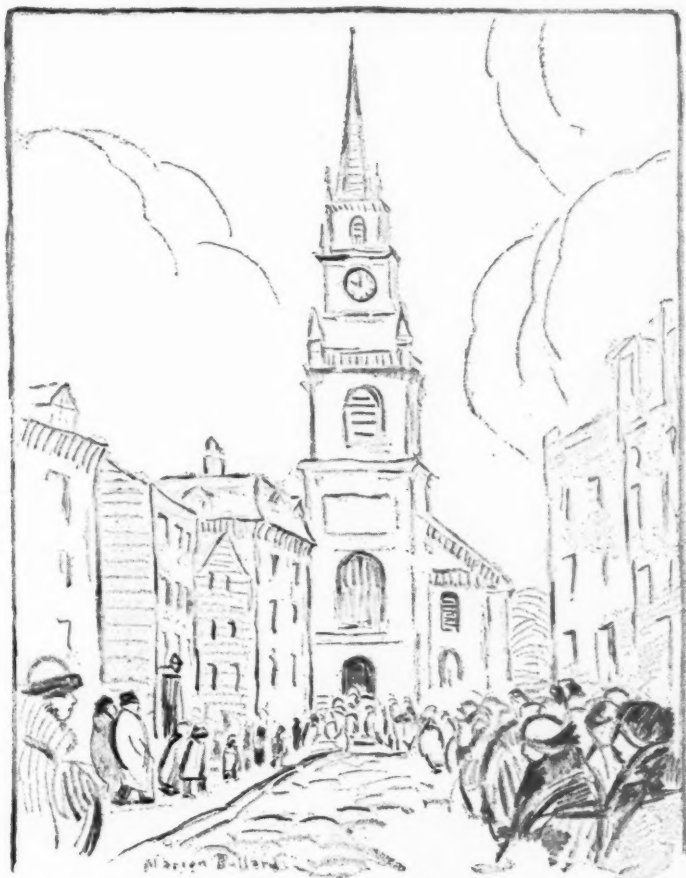
It would be interesting, indeed, to follow up the distribution of the census schedules by sending a postal card to each individual public health nurse asking the one question, "Has a report of your work been sent to the N.O.P.H.N.?" While it has been pointed out in this outline of the plan of the census that the main responsibility lies with the organizations, it lies with the organizations only because they have the most intimate knowledge of what the individual public health nurses are doing.

The objects of the census and the justification for undertaking all the work involved in the census is to provide records of the services of those nurses. Only by assembling and summarizing these records will it be possible to describe and interpret to the American public the enormous service rendered by public health nurses.

National Headquarters is very eager to get information about the proposed schedules for summer schools relating to public health nursing, which will be offered this summer. We would like this information as early as possible. It should be sent to the office not later than March 1 for the April issue of the magazine.

THE MATERNITY SERVICE OF THE COMMUNITY HEALTH ASSOCIATION, BOSTON*

BY MIRIAM A. AMES, R.N.
Community Health Association, Boston, Mass.



"Old North Church," Boston. Sketch used in the very effective publicity appeal of the Boston Community Health Association for Thanksgiving subscriptions

The Need: The Community Health Association of Boston believes that continuous maternity care for the expectant mother should be a part of the plan to raise the general level of health in the community.

The delivery service was begun by the Instructive District Nursing Association which now functions with the Baby Hygiene Association under the

new name and under the generalized method. In response to a definitely felt need the following points were kept in mind in outlining a plan. The service would provide skilled nursing attendance and help the mother over a very trying period: it would assist the private physician; it would stimulate prenatal work; it would be a means of reducing the maternal and infant death

*This is the sixth of the series of articles on "Can a Satisfactory Maternity Service be Carried on as Part of a General Health Program?" It will be followed by one from Grand Rapids, Mich.

rate; it would be a paid service and would doubtless in time pay for itself.

Have we succeeded in reaching our objective? The facts presented in this article will show in what measure we count our success.

A brief outline of the reasons for selecting certain districts may be helpful. Charlestown seemed to offer a fertile field. The population is mainly Irish. It has a high maternal and infant death rate which is influenced by economic conditions and maladjustment of family units. It has neither hospital nor clinic facilities and because of its geographical location is isolated from them.

In February, 1918, two maternity nurses were engaged for delivery service. Living quarters were selected for the nurses in Charlestown. The nurses were on call day and night. They received time compensation to the extent of every other afternoon off duty though the nurse "on call" could be reached if necessary. When not in attendance at deliveries the nurses did generalized nursing each in her small district convenient to the office. The time spent out at night was made up to them hour for hour. The fee for the delivery service was \$3.00 in the beginning. It has since been raised to \$5.00 and the majority of cases have paid full fee.

Extension of the Service

Upon this plan the service was extended to East Boston the following year, January, 1919. East Boston also is geographically isolated from hospitals though it is within the district of the Maverick Dispensary. In May, 1917, the Maverick Dispensary engaged a maternity nurse who did much to pave the way for our service owing to her excellent care of patients, her sympathy, self-sacrifice and tact. The population in East Boston is mainly Italian, first and second generation. The death rate is high. The economic and housing conditions are far from ideal and there is much congestion in certain areas. The fee in East Boston is \$5.00. When the Instructive Dis-

trict Nursing Association took over the service it grew rapidly. Two facts are outstanding at the present time: first, the service is very popular among the Italians, who in spite of their racial prejudice against physicians and their tendency to cling to midwives, are generally using the service; secondly, they pay full fee in practically every instance and therefore we must conclude that they value the service.

Two other districts were soon selected. In both were Health Centers and for this reason it was felt that the delivery service would round out the health service as it was necessarily part of a well defined child welfare program.

The service was therefore extended to Brighton in April, 1919, and to Hyde Park in July, 1920. Those who know Boston know that Hyde Park is almost eight miles from the center of the city. It has at the present time no hospitals or dispensaries and until recently there was a carfare of twenty cents to and from the city, which may have been one reason why patients desired to remain at home.

One regulation was made which was understood by the physicians, that the nurse's time at delivery was limited. She would go when the physician went and leave when he left.

The Personnel: In the four districts where the delivery service is offered there is a personnel of eight maternity nurses. The nurses are paid ten dollars a month more than the staff nurses doing other work. (The staff nurses' salary increases according to the policy of the Association.) The extra remuneration compensates for the fact that they necessarily live in the quarters selected by the Association and for the irregular hours of work.

The Type of Service: Because of the generalized plan of nursing, the maternity nurse frequently cares for her patient during the prenatal period, at confinement and during the postnatal period. This, of course, is not always true. She does, however, endeavor to make one prenatal visit to become acquainted with the patient

and the home conditions. The nurses who do this work have a genuine liking for the maternity work and in most instances the benefit of special training. They are, therefore, well adapted to it, and to this fact is due much of our success. They have the usual number of difficult circumstances in dealing with physicians who are sometimes woefully careless or more or less indifferent. They often perform their duties under the most trying conditions but they feel that they uphold the standard of nursing to the ultimate good of the mother and baby. They are often called to assist at difficult or operative deliveries when otherwise the physician would have been quite alone. We feel that the presence of the nurse contributes greatly to the good effect upon the mother and the family. The maternity nurse does not assist the undergraduate physician. He is supervised by the resident of the Lying-In-Hospital and we do not feel called upon to interfere in this time-honored routine. No undergraduate nurses assist at deliveries.

The Physician: We frequently receive calls from physicians for the maternity nurse but unless the call is in one of these four districts the nurses are not available for this service. Some exceptions have been made when adequate reasons were presented. The physician would prefer to have the nurse watch the patient and call him when the baby is ready to be born but we are not equipped for this service and we can always explain this. While our average service is $3\frac{3}{4}$ hours per delivery there have been instances when the nurse remained as long as six to eight hours provided the doctor was there. She plans to leave when the doctor leaves but if the necessary care has not been given she finishes. This policy is made in order to place the responsibility where it belongs. No doubt it is this policy which accounts in some degree for the slow growth of the service.

Registration: We do not insist on registration of prenatal patients. The nurses who are in and out of the

homes explain the delivery service and popularize it. They instruct the mother to prepare for delivery even though she has not engaged the maternity nurse and frequently it happens that a member of the family calls her at the last minute. Frequently the physician tells the family that he requires the service of the nurse and urges them to call her. Much of our work therefore may be termed emergency as defined by previous articles in the magazine. The majority of cases are carried during the previous months for a varying period of time. In every district where the maternity service has been established the prenatal work increased rapidly. Our statistics show no maternal deaths due to toxemia of pregnancy.

Prenatal Care: In districts where we have Mothers' Classes we urge the mothers to come to the stations. Here they see the exhibits planned to demonstrate adequate preparation. We impress upon them the necessity for early preparation. We cannot require this but we can teach them the value of medical and nursing supervision. The effect of public opinion is strong and the experience of one mother often aids in convincing a backslider. We take blood pressure at the stations, do urinalysis and give progressive instruction upon the same plan as outlined by the Maternity Center Association of New York. The blood pressure and urinalysis of course are done with the physician's approval. As there is but one blood pressure machine in each district it is limited to abnormal cases and to those who come to the station regularly. We have few cases who do not know of the blood pressure machine and few who are unacquainted with urinalysis. Our Medical Committee is behind us in all our teaching, and, therefore, we feel full assurance in offering it to our patients.

Time Schedule for Maternity Nurses

The time schedule has certain bearing upon the cost of our service. The cost of the service is somewhat reduced

by the great number of general nursing visits which the maternity nurses make in their districts. The following schedule is at present in use:

On Call

Nurses are on call alternate days from 8:30 A.M. to 8:30 P.M. An exception is made the day on which one nurse takes her half day or week end; on that day she is on call from 8:30 A.M. to 12:30 P.M. The nurse who is not "on call" may be called for a delivery if a second nurse is needed.

Both nurses do generalized nursing in the district when not in attendance at delivery. The nurse who is "on call" telephones the station every hour while in district between the hours of 8:30 A.M. and 5 P.M.

An exception is made in Hyde Park where there is a Ford car. The Hyde Park nurse calls the station once in the morning and once in the afternoon.

Both nurses leave on their spindles a list of their cases in the order in which they expect to visit them. The nurse "on call" adds, whenever possible, the telephone numbers. The list is left at the office during the day and the house during the night.

Afternoon Off Duty

One afternoon off duty is allowed every week. The nurse taking her afternoon leaves at 12:30 P.M. and may remain away until 12 midnight. She is not called between midnight and 8:30 A.M. the following day unless a second nurse is needed for a delivery.

Week End Off Duty

Alternate weeks the nurse may take Saturday afternoon and Sunday off duty, provided she returns before midnight Sunday. She is not called until the following day, unless a second nurse is needed for a delivery. Nurses may arrange to have alternate holidays off duty.

Relief in Evenings

One nurse may relieve for the other, provided this privilege is not abused.

Time Lost Between 12 Midnight and 8:30 A.M.

The time lost between 12 midnight and 8:30 A.M. will be made up to the nurse the following morning hour for hour. A full report of the night's work must be given to the Supervisor at 8:30 A.M.

Time Lost Before Midnight

The time lost before midnight will be made up to the nurse the following afternoon if the Supervisor is able to arrange it. In Hyde Park the time spent in making evening visits, where there is Hourly Nurse Service, will be made up according to this schedule.

The time spent at deliveries between the hours of 8:30 A.M. and 5 P.M. on Sundays and holidays is not made up to the nurse if she is "on call."

Illness or Absence of One Maternity Nurse

In case of illness or absence of one maternity nurse the Supervisor will make arrangements to relieve the other nurse every other afternoon from 12:30 P.M. to 5 P.M.

Cost of Service

After the article was published by the New Haven Association in September we made a study of the cost of the service for 10 months of 1923.

Cost of Service

<i>January to November, 1923</i>	
Overhead (including special supervision).....	\$2,083.33
Salaries.....	1,628.80
Carfare.....	125.00
Telephone.....	23.00
Miscellaneous.....	54.00
Total.....	\$3,914.13
Collected from patients.....	2,716.75
Deficit	\$1,197.38
	(actual cost to the Association)
Number of deliveries attended.....	627
Average time per delivery...3 hrs. 34 mins.	
Cost per delivery.....	\$6.25
Average fee collected per delivery....	\$4.33
Loss to Association per delivery.....	\$1.92

Statistics: Compared to the number of cases in the general service the group of patients receiving the obstetrical care is small. The infant death rate is slightly lower here than in our general service. The maternal death rate, however, is distinctly lower. In 1922 the maternal mortality for the entire group of cases was 3.33 per 1,000 cases, while that of the group having the nurse at the time of delivery was 1.5 per 1,000.

There were too few cases for one to feel certain that the obstetrical service is entirely responsible for the lowering.

The service continues to grow steadily and surely though for three years no new districts have been added. During the first two years in a new district the maternity nurses while building up the service would un-

doubtedly spend the greater part of their time doing general work.

Conclusions

1. We have a slightly lowered infant and a considerably lowered maternal death rate.
2. The prenatal work has been stimulated.
3. A large percentage of the cases had prenatal care and the deaths from toxemia were reduced to nil.
4. We have been able in a measure to

reduce the number of accidents at birth because of the assistance which has been rendered by the nurses.

5. This group of patients has not had the benefit of previous clinical supervision. They are delivered by the general practitioner of questionable ability. Even with poorer obstetrical care there is a distinct lowering of the death rate. It is because of this that we feel the service to be worth while and wish it were more extensive.

6. The service has not paid for itself but it has fully justified its existence.

ZONING

We have had inquiries as to the exact meaning of the term "Zoning." On referring the question to Mr. Edward M. Bassett, Counsel for the *Zoning Committee*, with offices at 233 Broadway, New York City—we have received the following statement:

Zones means belts. The regulation of buildings by zones or belts first took place in European cities where the ancient walls were torn down. The location of the walls was often turned into a park or boulevard. Then in successive belts outside of the circumferential boulevard there would be created residential areas with varying characteristics. These were commonly called "zones." In this country the term was probably first applied to street railroad fares, the inside belts about a city being called the five-cent zones and the outer belts the ten-cent zones, etc. The urban rapid transit of many large European cities had carried the fare zoning to a greater degree of refinement than had taken place in any American city, but the word was early transferred to this country for this purpose. In 1916 the resolution of the Board of Estimate, fixing districts for various kinds of buildings and uses, was passed. In the beginning this was called the building district resolution. As it was constantly referred to in common talk, and as the people seemed to want a shorter name, the plan began to be called the zoning plan. The original districting commission had begun to use the term in common parlance and it soon spread among property owners. From New York the word "zoning" as applied to building districts spread all over the country because the zoning plan, which originated in New York City, is now in force in more than two hundred municipalities throughout the United States. Since the word was made popular by the extension of building zoning we see the word "zone" applied to many other designations. We hear of Grand Central zones, Pennsylvania station zone and zones for election and political purposes. The original significance of a belt has been largely lost. The building zones are not in the form of belts although in a general way they provide for decreasing congestion gradually as the city grows out from the populous centers. In my opinion it is not best to use the word zone where the word district is intended. There is a certain propriety in using the word zoning in reference to building districts because the purpose of the districting is to bring a greater allowance of light and air to buildings and working places in proportion to their distance from urban centers. This at least involves the idea of a belt. But there is no propriety in calling election districts "zones" or the Grand Central district a "zone."

We had a lovely Christmas as usual—so different from Miss Medcalf's, poor child. She said she couldn't ever complete their Christmas play because all their wise men and shepherds were in jail for bootlegging. My, what a lot of sense of humor we require oftentimes to make this world a merry place to live in.

The children help to make the wreaths, and trim the trees, and every evening just before supper in the dining room different groups of children give a little performance. Day before Christmas, we divide up into different directions to visit our old friends with gifts from the school and sing carols for them. Christmas Eve, the Nativity play, given by our big boys and girls and Mrs. Zande's little baby as the "Little Child."

Little boys under twelve sang the carols about 4 o'clock Christmas morning. When the last strain was heard everybody rushed back into the house to see what Santa left for them.

Many girls, big and little, who never held a doll in their hands before, clung to them in joyful tears.

—From a letter from Pine Mountain Settlement School.

A NEW PIED PIPER

*This delightful tale came to us from Miss Helen B. Stickney,
School of Nursing Health, University of Cincinnati*

No one had heard anything of Tony since that eventful day some nine months past when his "blue lady" had ceremoniously presented to him the never-to-be-forgotten fishing pole, the reward for unusual bravery, when the white-coated man had "cut his 'froat' all up."

Tony was a very little boy, a toddler, who wouldn't grow, who had colds and colds, and who lacked always any semblance of apple rosy cheeks. That is—Tony *had been* such a boy. A rather worse cold than usual though, a fever, and a refusal to eat had brought his mother to the Visiting Nurses' office at the suggestion of a neighbor, herself a "blue lady" devotee.

And so it all began, the process of getting Tony well, and in the process the doctor man's suggestion that the horrid, big, germly tonsils were the possible cause of all of Tony's unhappy babyhood.

But, that was a long ago day. True enough, the "blue lady" had stopped to see Tony's mother on a friendly visit some weeks before, but, seemingly, Tony was then well on the way to a healthy and happy boyhood.

What, now, could the dark, pleading eyes, the rather ominously drooping mouth of Tony's father mean on this glorious fall morning, when the superintendent opened the office door in response to a hesitant, timid knock?

"The 'blue lady,' I want that I should see her. Tony, he —"

But he could get no further. Distrustful of confidence, other than that of Tony's own "blue lady," he was reluctant.

Again, he began.

"The 'blue lady,' she come, please. Tony, he need her."

With gentle endeavor, the superintendent explained the necessary absence of the "blue lady." A shadow of gloom settled in the troubled dark eyes.

"Could not someone else help?" came as the suggestion.

Tony's father was doubtful. He rather disliked depending upon someone else. Tony's "blue lady" had made Tony well, surely now no one else could be of as much help to Tony.

Whatever was Tony's present trouble, it seemed to involve an unusual problem.

After much tactful persuasion, however, the story was finally learned.

The field mice, it seemed, had decided to hibernate with Tony's family for the winter. And Tony's mother, with a careful regard for Tony's curious little fingers, had demurred at the suggestion of mouse traps. So, the little gray creatures of the field were comfortably ensconced in the old, old woodwork of Tony's father's little old house.

Well enough in the daytime. Then they were welcome, even playmate guests. But at night —

"Tony, he 'fraid, he no like, he no sleep any more. The 'blue lady' she make Tony well from the fever, would she not now teach Tony to like the mice, or better perhaps, would she not tell Tony's mother what to do to discourage their visits?"

Verily, the "blue lady" was to have a new mission of Pied Piper.



"JUST TO BE MORE DEFINITE"

A Few Publicity Suggestions for Health Fêtes

BY ANNA K. BEHR

BECAUSE we are mindful of an old college professor's constant prodding, "And just to be a bit more definite" we are following the article on publicity that appeared in the January issue with some specific suggestions in this number for publicity in connection with health activities.

The health fête, whether it is exposition, county fair, school or community health exhibit week, or some other crowd-attracting occasion, will soon again be seasonable. Health activities run to seasons—especially spring and fall—and the public health nurse is supposed to have "stunt ideas" tucked up her sleeve.

The secret of all community health activities is the participation of as many age groups as possible. Exhibits and expositions are assured the greatest measure of success when this fact is recognized. The exposition is then not an end in itself but a stimulus or an introduction to continued health interest and emphasis.

Be sure of a rather large Health Exhibit Committee. Let there be subcommittees responsible for the preliminary publicity, exhibits of the different age groups, the correlation of these exhibits, decorations and physical arrangements, and special evening features.

Newspaper announcements need not be the beginning and end of the preliminary publicity. Many a public health nurse has arranged for the staging of a poster contest among the school children at this time, and it has served as a splendid forerunner to the health fair or exposition. In such cases the poster contest is so planned as to terminate on the opening night of the fair or just before that time, so that the prize poster and winning author may be given publicity in the newspapers and also a place of prominence at the entrance to the fair rooms or hall. The best posters would,

of course, also be shown in a "poster gallery."

School children of different ages may be asked to be responsible for exhibits, emphasizing special health points. Civic or social organizations in the community may also be asked to participate. Here is the function of the correlating subcommittee—to plan the sequence of the exhibits so that the observer will recognize each as related to the whole story of health. Space should be assigned, depending on the nature of the proposed exhibit and on its logical place in the story.

The boys of the manual training classes in the high school may wish to construct a miniature building showing the town's "health headquarters." Sponges dipped in green paint make excellent trees to line the walks. A toy auto painted and marked for the health officer or public health nurse can be shown standing at the curbing. Figures dressed in the health workers' uniforms should be shown either entering or leaving the car. These figures may either be dolls properly clothed or the figures may be made of "modeline" (a plastic clay) and then appropriately painted.

The health fête offers an opportunity to the Little Mothers' Leagues in the schools. Girls who have themselves graduated from a course in Baby Care may give a demonstration with the doll baby. Perhaps the sewing classes may make a complete layette for a baby.

Another effective exhibit is one which has been so popular during the past year or more at the county fairs, namely, the "No-Yes" foods. This is actually taken from an illustration used in a pamphlet prepared by the Bureau of Education and the American Child Health Association. A gnome stands in the center. To his left are the "No" foods, doughnuts, ice cream sodas, coffee, candy, etc. To his right are the "Yes" foods, which are vege-

tables, milk, cereal, etc. The art classes of the schools or some Community Art League could find pleasure and profit in reproducing this idea on beaver board.

An interesting school exhibit was shown recently at the Boston Health Show. It was called "The Witch's House of Woe" and "The Fairy House of Health." The witch's house was built of wood and measured 3 feet x 5 feet x 1 foot. The framework of the house was covered with a kind of plaster on which were stuck candies, sweets, doughnuts. At the side was a well of coffee from which an old witch was drawing for the children. A little placard carried the words, "A poor foundation." To the right was "The Fairy House of Health" of exactly the same size, and also covered with plaster, but on this was to be found a roof of crackers, windows of crusts of bread and curtains of lettuce. A little placard read, "A good foundation."

Not long ago the window of Macy's Department Store in New York City contained an exhibit which exactly portrayed a classroom. The backs of the children's benches faced the window so that the observer was in the position of a pupil. The back wall was a blackboard and the teacher at the front pointed to a message, which in this particular case referred to the cheapness of books and stationery to be secured at this store. This idea could be carried out by the boys and girls in the school. A small three-dimension exhibit of this kind would certainly attract many children and parents. The blackboard might very easily carry some important health message.

It must always be borne in mind that whatever activity is engaged in by the child in school is sure to filter home to the parents.

We have been hearing a great deal lately about the "milk bar." This is an excellent idea if it can be arranged for. A delightful variation was recently staged by the District Nurse Association of Scranton at the Scranton Health Show. The drinking fountain

was transformed into a bower over which a gypsy miss presided. She sold water from the fountain at a cent a glass, and with each cup of water a health fortune was given. The superintendent of the District Nurse Association was well satisfied with the contacts which this fountain of health made possible. If the milk bar is used, milk fairies may preside over it, selling milk at a few cents a glass.

The health fish pond is another way of using this idea. At the Minnesota State Fair one of the health agencies doing nursing work operated such a fish pond. Two or three fishing poles were lowered into a booth called a fish pond. Nurses, hidden from the fishers, hooked slips containing health messages on the ends of the lines and the children pulled these out and carried away a worthwhile idea for health. Children could take the place of the nurses in this "stunt."

The "Health Fortune Teller" and her tent was shown in 1921 at the conference of the National Tuberculosis Association. We understand that Miss Mildred Penrose Stewart, of the State Charities Aid Association of New York, was responsible for staging this idea.

The exhibit was shown in a white-walled tent measuring 16 feet x 24 feet. A sign was placed high over the tent flap. This read:

Your Health is Your Fortune
Start Building It Now
Be Weighed and Measured
Free

Four large hand-painted cardboard vegetables measuring about 3 feet—a carrot, a potato, a tomato and a beet—were sewed to the front of the tent, two on each side of the entrance.

At the side was a billboard with a caricature painting of a cow. On either side of the billboard were two paste-board milk bottles. Three balloons were fastened to the ridge pole of the tent in front, merely as an attractive decoration. Outside the tent was the barker, who with his merry chatter induced the crowd to enter the tent so that the Health Fortune Teller,

Princess Whatsername of Whereisit (the public health nurse) might read the health fortune. The inside of the tent contained scales with measuring rod, tables and chairs. The public health nurse did not, of course, diagnose or frighten anyone, but encouraged all to have a thought for their health and receive regular periodic physical examinations. The whole thing may be gotten up inexpensively and in the making, a good many people may be employed, all of whom will be sure to assimilate health facts during the process.

The Nurses' Own Exhibit

At every such health exhibit the public health nursing association should reserve a booth at which the story of their work may be told, partly by an exhibit, and partly by the Directors of the Board, who will make it their responsibility to meet the people and talk to them as they draw near the booth.

An attractive exhibit of visiting nurse work was that shown a year or so ago by the Brooklyn Visiting Nurse Association at a health exposition in New York City. The association had employed the services of a carpenter who constructed a doorway out of heavy bristol board. The doorway was of actual size. The door itself was painted green and the portion about it was painted to represent the red bricks of the building. A frame work was placed about this doorway and across the face of this was dropped a kind of gauze or netting. This allowed a depth of about three feet between the door and the frame of the set-up. The whole thing was lighted by hidden lights from above. The nurses of the Brooklyn Visiting Nurse Association relieved each other in posing one at a time at the doorway. This, as can be imagined, made a very attractive picture, and drew a large crowd of people who were then interested by the Board of Directors in the work of the organization. It gave an opportunity to distribute many pamphlets and to meet many needy cases.

Last year the District Nurse Association of Scranton desired to emphasize Baby Welfare as part of their year's program and utilized their space to carry this message. On the back wall of the booth, merely for the artistic effect, two French windows were carpentered, and were draped with blue curtains. Through the windows was seen a pleasant winter landscape. The chief objects of the exhibit were 12 doll carriages. Dolls in each held up a placard emphasizing the care needed for babies. The messages were, "We need fresh air," "We need intelligent parents," "We need a thorough physical examination," etc. The doll carriages or wax figures were borrowed from local stores. The booth contained an Attract-O-Scope which automatically flashed slides that told the story of the work of the District Nurse Association.

Last year many associations used their booth to show Baby Care, doubtless because of the emphasis laid on this phase of the program by the Shepard-Towner Bill. A nurse at the booth actually demonstrated baby's bath, showed what food should be given the baby and how it should be prepared. Information was also given as to what were the proper clothes for baby to wear.

Any nurse may secure the folder, "Routine Care of Babies," from the Maternity Center Association, 370 Seventh Avenue, New York City. This contains a list of articles which should compose every layette. The most effective way of displaying the layette is to string a line across the back or one side of the booth and on this to hang the several articles of the layette. The Maternity Center Association of New York City has approved McCall's baby layette pattern No. 2880 and McCall's maternity pattern No. 2882.

Health Plays, Pageants and Movies

The subcommittee on special evening features may secure the coöperation of the schools and others in the staging of health plays and pageants.

What health fête is really complete without either? A pamphlet called "Plays and Pageantry" may be secured from the N.O.P.H.N. This pamphlet lists, and briefly describes those plays and pageants that have been approved by a committee of the National Health Council. The health worker is also advised to secure the booklet, "Health Plays for School Children" published by the American Child Health Association. The cost is 25 cents.

Before the play is begun, the idea of the barker used in the "Health Fortune Teller" may very well be used in this connection. Several of the characters in the health play may be introduced to the public outside of the health theater. It is not an uncommon thing for the characters of the health play to walk through the hall or around the fair grounds just before the performance. They are usually headed by a children's band, even if the only instruments the children play are combs and gazoos.

Movies are always a popular feature of any exposition or fair. Space may be roped off and may be called "Health Moving Picture Theater." Films for popular showing of this kind are "The Kid Comes Through," "Jinks," "Working for Dear Life," "Sir Lactous, the Good Milk Knight," "The Romance of a White Bottle," "An Equal Chance," "Foot Follies."

(See Footnote A.)

If an Attract-O-Scope or a similar machine is available which holds slides and automatically throws their reflection on the machine's own screen, it is well to rent health slides and to supplement them by slides which show the health work conducted within the community itself. It is suggested that the following slide sets would be useful on such an occasion: "Have a Health Examination on Your Birthday," "Mother Nature, M.D.," "Johnny Dontcare's Tooth," "Public Health Nursing," "A Good Sight Better," "Health Positive," "The Health Alphabet."

(See Footnote B.)

Importance of Careful Preparation

A health fête is a real occasion and a big opportunity. If the public health nurse can be assured of sufficiently helpful coöperation she should welcome it as an important way of getting over health facts to the public.

But the health fair or exposition requires weeks and perhaps several months of thought, and should never be staged unless the preliminary preparations have been carefully and wisely made in consultation with other health and community workers. Last minute health shows are as good as useless. The well-prepared affair, on the other hand, will bring very tangible benefits to the community health program, and make easier the year's work of the public health nurse.

FOOTNOTE A

1. "The Kid Comes Through"

A dramatic motion picture of a boy's struggle to become physically fit. It has received high commendation of the National Health Films Committee of the National Health Council. It may be secured from the New York Tuberculosis Association, 10 East 39th Street, New York City.

2. "Jinks"

A one-reel film in animated cartoon form. "Jinks," out of work, dreams about "Mike Robe" and begins mending his way. This film may be secured from the State Tuberculosis Association.

3. "Sir Lactous, the Good Milk Knight"

A two-reel film which may be borrowed from the U. S. Dept. of Agriculture, Washington, D. C., for transportation charges only. It is the story of a little girl who dreams and is kidnapped by Sir Lactous, who, aided by his followers, Lime, Protein, etc., defeat Sir Disease.

4. "The Romance of a White Bottle"

A one-reel film which may be rented from the Carter Cinema Company, 220 West 42d Street, New York City, for \$3.00 a day rental. It is a fairy story illustrating the food elements in milk and their power to build stronger bodies, thus encouraging children to drink milk.

5. "An Equal Chance"

A two-reel film showing the value of public health nursing to a community. It may be secured from the N.O.P.H.N., 370 Seventh Avenue, for \$3.00 a showing, plus transportation charges.

6. "Foot Follies"

A two-reel film which may be rented from the National Board of the Young Women's Christian Association, 600 Lex-

ington Avenue, New York City, for \$2.00 a day rental. The purpose of this film is to educate young women to the proper care of the feet through the wearing of foot-shaped shoes.

FOOTNOTE B

Each of the slides mentioned in the article with the exception of "The Health Alphabet" may be secured from Mr. J. A.

Rawson, Jr., 18 East 37th Street, New York City. These slide sets have been prepared by the member organizations of the National Health Council. "The Health Alphabet" is a set of 31 slides which may be secured from the American Child Health Association, 370 Seventh Avenue, New York City. The rental terms are \$2.50 a week or part of a week, plus return transportation.

EDITOR'S NOTE: This article will be followed by *Suggestions for Making a Pamphlet, and How to Secure Newspaper Publicity*. Also, "every little while" further publicity stunts will be described in the magazine. All who have contributions to make to this are urged to write to the Publicity Secretary of the N.O.P.H.N.

A PREFACE TO THE ABBEVILLE STORY

We have received from Miss Ada Taylor Graham, Director of the Bureau of Child Hygiene and Public Health Nursing of the South Carolina State Board of Health, an account of the preliminary steps taken by the Board of Health to interest the people of the mill village at Abbeville in health projects, which led to the employment of a nurse in the cotton mills through the action of the Board of Operatives. A short account of this appeared in the December magazine.

This is an excellent example, we, think, of coöperation between the State Board of Health, the County Medical Service and the Board of Operatives of the mill. It also shows what an admirable piece of work must have been demonstrated by the field nurse.

Miss Graham writes:

The Abbeville Mill through the Board of Operatives had been employing a social worker, but no nurse.

In May we arranged to send our Child Health Truck to Abbeville County and at that time communicated with the social worker at the mill in regard to having conferences in the mill village at the same time. There was some little difficulty but we finally succeeded in organizing Child Health Conferences in the mill village, and throughout the county. The medical men of the county were most coöperative and our mill village conferences were a great success. The interest of the community was sufficiently aroused so that the Abbeville County Medical Society applied for one of our Sheppard-Towner nurses to put on a demonstration health program in Maternity-Infancy work throughout the county.

A nurse was sent there in June and remained all summer. Among her activities she included classes in Home Hygiene and Care of the Sick in the mill village.

Meanwhile the social worker had resigned and we were asked to assist in finding a nurse to replace her. This was two months after our field nurse went to work in the county.

We were finally notified that a nurse had been secured through the Vocational Service of the N.O.P.H.N. The management has given her every opportunity to come down to see us and discuss plans with us.

Abbeville County is now interested in putting on a nursing service and we hope soon to have a nurse placed there.

When an interest in health work and the securing of a public health nurse develops during the time our field nurses are putting on their program, we always think it is due to the manner in which the value of the public health nurse is demonstrated.

The most complete mental life is that which best adjusts the individual both passively and actively . . . (in the sense just described) to the conditions of his environment; the best mind, that which is capable of the greatest latitude of adjustment, that enables the possessor to fill any position in life in which he may be placed.

—*Outlines of Psychiatry, William A. White, M.D.*

THE REDUCTION OF INFANT MORTALITY IN A RURAL STATE*

BY FRANCES SAGE BRADLEY, M.D.

Director, Bureau of Child Hygiene, State Board of Health, Arkansas



Mountain People Come from Miles Away to Have Their Children Examined

OUR chairman asked me to prepare a paper on the reduction of early infant mortality. I may as well admit that I am taking an unfair advantage of her very kind invitation. It is too good an opportunity to lose. My justification lies in two facts; first, official agencies, to date, have spent their time studying the city child who is decidedly in the minority; second, our chairman has undoubtedly chosen men and women far more competent than I, to discuss the city side of this question, while I know only its rural aspect. I am therefore asking your consideration of a program for the reduction of infant mortality in a rural state.

It was logical, practical that infant mortality should have been studied at first hand in cities, that federal, state and such great organizations as this should assemble the best talent of the country to meet this national problem. The results of these studies have

proved that if we cannot be allowed to join a league of nations, we may at least strengthen and develop our own, and that the place to begin is at the beginning—maternity and infancy.

I want to remind you, however, that the American baby is a country baby, and that a program adapted to the needs of the city child is as inadequate to the needs of the country child as a lecture or an exhibit pitched to the plane of a city audience is inappropriate and ill-advised for a group of rural men and women.

It is not necessary to discuss with this body the existence in the United States of an unduly high infant mortality, meaning of course the deaths occurring in the first year of life; or to stress the fact that, tradition to the contrary notwithstanding, the period of highest mortality is during the first few days or weeks of life. Neither is it worth your while or mine to dwell on the fact that in rural sections, where

* Given at First Annual Meeting of the American Child Health Association, Detroit, Michigan, October, 1923.

most of our babies are born, no one knows when, where or under what conditions they make their entrance into or their exit from this world of ours.

I feel sure that we are all willing to accept the figures of the United States Bureau of the Census, of the Children's Bureau, of this organization and of great insurance companies making careful studies of vital statistics. According to these agencies the United States is still near the bottom of the ladder in the protection given our childbearing women; and at least New Zealand, Australia, Norway and Sweden are ahead of us in the provision made for safeguarding our babies' lives.

Dr. Woodbury, in the *American Journal of Public Health*, May, 1923, states that the infant death rate of the registration area fell from 99.9 (1915) to 75.6 (1921). He adds that this reduction, while covering the first twelve months of life, did not apply to the first few weeks of life; and that the reduction did not include stillbirths, deaths due to malformations, nor injuries at birth. These actually increased during this seven-year period, as did also deaths due to diseases of the gastric and intestinal tract and to those of the respiratory system.

Dr. Woodbury says further that the reduction of the death rate due to diseases peculiar to early infancy was not only absolutely but relatively greater in cities of 10,000 and over, than in towns of less than 10,000 population. In 1915 the infant death rate of cities was nine points higher than that of rural communities, while in 1921 it was one point lower than the death rate in rural sections.

In other words, as long as the city is considered the habitat of the typical American child and the frills and refinements of our programs made to meet these conditions, so long will we get definite results in these high spots. However, when we finally recognize the fact that the American child is a country child and that he comes into

the world far from medical and nursing service; when we reach out over the plains, down through the valleys and swamps, climb high beyond the hills into the fastnesses of remote mountains, we shall find the backbone of this country and really reach the crux of the question, the heart, the brain, the brawn of the American nation.

Studying the Problem

Naturally any program for the reduction of infant mortality must be studied in relation to the people we wish to reach, their social, economic, educational and religious status; the facilities at their disposal, and what official agency may come to their relief.

First, like the small boy, go out with a generous supply of salt and find your bird. You will wonder where the rural baby lives. His mother you will find reticent, inarticulate, and only a diplomat may draw from her the admission that she craves confidential advice and the legitimate service of an official agency.

Just how helpful do you think she finds our smug letters and beautifully illustrated booklets urging her to go to a maternity center as soon as she knows that a baby is coming? Or our advice to call upon a public health nurse, or upon her family physician? Is it encouraging, or is it good psychology to assure her that her own welfare and that of her baby demand such service when there is no maternity center, no public health nurse and when she knows a doctor will laugh at her for requesting thorough examination, instruction and supervision during pregnancy?

While she adores her babies and considers childbearing a logical and desirable goal of marriage, is it likely that she deliberately brings on abortions, miscarriages or complications of confinement? Is it probable that she chooses for attendant an ignorant negro granny who semi-asphyxiates her with smoking cotton to dull her pains; or who doses her baby with extract of bootleg booze and lice from

the head of the paternal grandmother? Does she *intentionally* risk her life and that of her baby with a tradition-ridden white midwife who swathes her with steaming tansy to control convulsions; who hides, under the lying-in bed, an axe, a knife or a pair of scissors to cut short her pains; or who cups her baby up and down the spine with a tiny gourd to ward off "bold hives"?

Does she love her children less than the city women and fail to grieve when, by the "hand of Providence," she loses five out of eight or six out of fourteen of the babies she has borne? Like the man who recalls his early

She believes the Lord will provide and that breast milk is one of His dispensations. The rural woman is not subjected to the mental and nervous strain of the city woman and consequently nurses her baby indefinitely or until he weans himself. In many sections of the country the nursing bottle is unknown. Is it her fault, or yours and mine, that he is found nursing at two, three and four years of age; and that his father teaches him to smoke before he is weaned? Is it her fault, or yours and mine, that one mother reported nursing her baby 86 months and added that he would stop on the back porch



Class of Negro Midwives

record only as a conquering hero, she tells you only of the children she has reared. Others died so young that she did not quite want to leave them in the nearest burying ground, ten, twelve, fifteen miles away. Perhaps there was no undertaker or she could not afford a coffin. Instead she lines a little home-made box with a bit of wedding finery and lays the baby out in the garden nearby. A death certificate may or may not be filed in the archives of the State Board of Health. It may state "Cause of death unknown. No doctor in attendance."

Whose Responsibility?

The rural woman is deeply religious.

and dispose of his chew of tobacco before coming in from school to nurse? Yet this was a conscientious mother who brought her child a long way through the country to know why he was such a stunted little runt.

While breast feeding is the rule, the country baby also partakes, at a tender age, of a lavish and promiscuous diet. It is common for the baby of one to three months to be given a taste of everything the mother eats, to protect him from colic. In her solicitude she often chews for him such food as he is unable to mouth, but never doubt her honesty and sincerity or her devo-

tion to her baby. She is living up to her teaching, even as you and I, and it is not her fault if her teaching is pitched on a different plane. What provision are we making to change this plane? She is the great American mother and her babies will be as long-lived and as sturdy as you and I plan for them to be.

Whose is the responsibility? Is the rural baby the charge of an indulgent, untrained, helpless family? Is he the charge or the victim of a cumbersome, rusty, municipal machine, short-sighted, without precedent or ideal? Is this the way the case of the city child was solved and the early infant

mortality of urban sections brought under control?

Is it not rather the right, the privilege of such an organization as this, of the United States Children's Bureau and of all agencies committed to the welfare of babies, to apply the knowledge and experience obtained by years of study of the city problem to that of the country? Have you not by your past achievements given us the right to expect constructive help in the organization of state, county and community programs? Such help would be especially helpful since the enactment of the Sheppard-Towner Law. Have you done for the rural baby as much as for the baby within your gates?

A LONDON LETTER

The cause of internationalism should surely be advanced by the inspiring example now being staged at Bedford College, London, England, where representatives of sixteen countries are studying public health nursing with great mutual benefit and enthusiasm.

The success of this unique international course sponsored by the League of Red Cross Societies is attested by the enthusiastic comments in letters from Miss Nan L. Dorsey, a representative from the United States. She writes:

Our group includes the following countries: Austria, Hungary, Russia, Czechoslovakia, Holland, Denmark, Norway, Finland, France, Uruguay, Great Britain, America, and next month Spain and Brazil will join us. You see we are a little League of Nations. Thrills me to death to be known as "International."

We live in two houses, small family hotels with a *few* of the modern conveniences—however, quite comfortable, with Mrs. Carter, who is the League's representative, watching out for our interests constantly. This seems to be a much older group of women than they have had before, and truly they are most interesting, wonderfully keen and enthusiastic, so earnest, so well educated, they are a delight to the college, in the class and discussion rooms. All speak English and I do not know how many other languages!

I am learning so much from them about their own countries. And they fairly drain me for information of America. Their admiration for us quite humbles me.

Bedford College is perfectly delightful. It is indeed a privilege to be studying there. The teachers are most interested in us as a group. They are the most charmingly cultured women, and as lecturers they leave almost nothing to be desired.

Mrs. Carter is a very charming woman, tremendously interested in the foreign group, understands them so well—and they have to have someone who fully appreciates their difficulties, as well as someone to keep up their courage. She is peculiarly well fitted for her job.

Have had some interesting and enlightening days with district nurses, social workers, and in one of the primary schools. The latter is beyond the power of description. Just turn to Dickens.

London has perfectly carried me away. . . . I can never express my feelings when I entered St. Bartholomew's Hospital. Its great age, its dignity, its atmosphere of almost spiritual service handed down for eight hundred years, in all which time it has never closed its doors to the sick. Truly it is inspiring and humbling at one and the same time.

CORRECTION

The Red Cross Assistant State Supervising Nurse for South Carolina should be Jeanette Hays, not Jeanette Mays, as printed in November.

BUREAU OF CHILD HYGIENE AND PUBLIC HEALTH NURSING—MICHIGAN DEPARTMENT OF HEALTH

A brief abstract of this valuable report which we are sure will be of general interest

WITH the federal aid extended through the Sheppard-Towner Act, the Bureau of Child Hygiene and Public Health Nursing of the Michigan Department of Health has been able to reorganize and extend the scope of its work. The results of the first year, July 1, 1922, to June 30, 1923, are embodied in the annual report prepared by the Bureau.

As the Bureau felt that the success of its educational program for infant and prenatal welfare depended upon its reception by the women of Michigan, representatives of the women's organizations which had endorsed and promoted the Sheppard-Towner bill in Congress were invited to meet in Lansing, where they voted to form a Coöperating State Health Committee, members of which were later appointed by Dr. Richard M. Olin, State Health Commissioner. This committee has been exceedingly helpful.

County health committees were organized in counties having no functioning health committees, in much the same way as the state coöperating committee was brought together, often with the addition of representative men. Health center committees were made up in the same democratic way. Activities suggested to county committees included: promoting a county nursing service, establishing mother and baby centers, sponsoring the infant clinic and other clinic units of the Health Institute, fostering occasional infant and prenatal clinics and clinics for preschool children, mothers' classes and Little Mothers' Leagues. A total of sixteen activities was reported in the eighteen counties organized during the year.

For purposes of economy, information and efficiency the state was divided into five nursing districts (later reduced to three), with a resident nurse in each.

Thirty-four mother and baby health centers were organized, making a total of sixty-eight centers outside of Detroit and Grand Rapids. February, March, April, May and June reports showed 4,445 infants examined at centers, with mothers advised in infant care. Some of the more rural centers close during the winter months owing to weather conditions and inadvisability of subjecting infants to long, cold drives. Centers usually have a sponsoring lay committee, the services of a public health or local nurse, and the services of local physicians. When members of the bureau staff have organized centers, they have advised the local lay committees to pay each physician for his services at the clinic.

During the year there was a total of 227 infant clinics with an attendance of 4,414. Advice was given to the mothers and corrections of defects by family physicians advised.

A physician assisted by the clinic nurse has conducted the infant clinic. An associate physician came to the Bureau in March, who has held both infant and prenatal clinics. The director of the Bureau has assisted occasionally with clinics, scoring at baby shows and examinations.

The assistant director is at the head of the nursing service in the state. Directors of the nursing districts have completed a survey of the state to ascertain health activities in each county, and obtain a roster of professional and lay people in each county who are interested in public health nursing. This has been in addition to the organizing work conducted with the aid of the directors.

The last available figures show sixty county nurses, sixty-seven local school nurses, twenty-five industrial nurses and seventy-one general public health nurses in the state exclusive of Grand Rapids and Detroit.

An important part of the Bureau's work has been that of assisting health organizations in realizing their responsibility to the nurse where county nursing is new to the committee, and in helping them outline their nursing program. There are many difficult problems to combat in this phase of nursing work.

School nursing has been established for a number of years. These nurses are employed either by the board of education or local boards of health, and their position is more clearly understood. As school nurses are expected to devote their entire time to the school child, little or no help was obtained for work with the preschool child. It has been possible, however, in some instances to enlist the support and interest of superintendents of schools and members of boards of education for work of this kind.

Contacts with general public health nurses have been confined to those requesting the services of this Bureau and cooperating with it.

It was found that industrial nurses who are doing general welfare work in connection with employees in their homes and industry, are doing much valuable infant and prenatal work.

Nurse conferences on prenatal and infant welfare nursing have been held at headquarters and in a dozen cities with good results.

Forty days of nursing service were supplied as a result of requests for nurses to assist in baby clinics and conferences connected with county fairs, while approximately ninety days were spent with the infant clinics of the Institute of the Michigan Department of Health.

Miss Frances Brink, Field Secretary of the National Organization for Public Health Nursing, was one of the speakers at the Second Annual Health Officers and Public Health Nurses Conference held in Lansing.

Public health work has been described as "95 to 99 per cent educational." In any event the Bureau has considered this phase of the work of

great importance. The speaker and organizer of the Bureau, and the doctors and nurses connected with it, gave 373 addresses during the year to a total number of 32,249 persons. Instructive pamphlets, diet cards, report and record blanks were prepared and distributed, and 8,984 prenatal letters mailed. Exhibit material was prepared for two exhibitions, and charts and maps were made for the use of county nurses.

The "midwife problem" is important in Michigan, although only the field survey of midwifery practice which has been inaugurated will determine definitely the relation of the midwife and the lack of physicians' services to the highest maternal and infant death rates in the state.

Isolation, deep snows and long distances of the people on the cut-over lands of Michigan add to the hazards of maternity and infancy, according to the report, and one of the problems to be solved is bringing patients to physicians as well as bringing physicians to patients. A survey of hospital facilities has been started.

Although no money is available for them under the Sheppard-Towner Act, the Bureau has investigated and referred to local authorities for care the pregnant wives and the young children of prisoners in state penal and corrective institutions.

Three legislative measures have been of interest in the past year. The bill for acceptance of federal aid under the Infancy and Maternity Act was passed by the Legislature. A bill providing for the registration and licensing of midwives, and a bill permitting supervisors of counties to employ public health nurses, and setting certain educational standards for such nurses, were introduced in the Legislature but regrettably were not passed.

As the summary of this report states, the aim has been to lay a good foundation in organization, to build on to that educational superstructures, to do a few things at a time and to do these thoroughly and then to advance to new points in the building.

THE VALUE OF STORY-TELLING

BY FLORA DUTCHER, R.N.



*"There is sweet music here that softer falls
Than petals from blown roses on the grass . . ."*

THE value of story-telling is incalculable. It furnishes opportunity for physical and mental growth and development. It helps to form character. When used with wisdom and skill the story is a powerful tool in the hands of the educator and can be used to endow children with knowledge that should result in creating a higher code of thought and action. It is a mold of ideals and an illumination of facts.

What better introduction to the study of history than the story? It gives the thread of fact in its setting as in life, its atmosphere, its perspective and its picturesqueness. How much more is added to the child's knowledge of the courage of the Puritan heart, if, instead of simply hearing that not one went back on the Mayflower, he is told in story form how the lonely Priscilla watched from the shore the receding sail of the Mayflower speeding without her to all that she held dear.

Many similar stories reveal American history, and through ancient stories

the history of the old world has been made real. The nature of the story should determine whether it is to be used independently or in correlation with other subjects—whether the study is of history, geography, science, hygiene or health.

Children love to hear the same tale and it is far better for them to become thoroughly acquainted with a few of our best stories than to have only a superficial knowledge of many. Teach children to love good stories and by their interest in them, guide them into a right mental and spiritual attitude; to right living, right sleeping, right eating, correct work, and give them a noble inspiration for manhood and womanhood. Help them by this means to understand nature and to appreciate music.

The story can do much toward making plain to the child the use of the earth as his home, in the midst of physical forces and life. Use stories that are wholesome, sweet, which make for right-mindedness and fill the child's soul with sunshine.

Stories should be true and contain a moral value. Other stories, no matter how fascinatingly told, encourage untrue imagining and emotional attitudes and therefore untrue thinking.

Between the ages of six and fourteen the curiosity of the child develops concerning nature, and this is the proper age for fixing the questioning habit and building a certain amount of common sense, confidence in and familiarity with nature.

There are times in his life when the child suddenly leaps into a larger growth as the bud blossoms into a flower. He has a realization of life, of time, of space and of love even, in a vague, unconscious way. These real epochs of childhood, of manhood and womanhood should be prepared for by intelligent story-telling.

In preparing for the development of manhood or womanhood true stories of the bird, of the flower, fly, or fish may be obtained. These stories reveal many things observation cannot supply and can be as fascinating as a fairy tale if told with the same consideration for dramatic form. Do not be satisfied with handing out literature to explain so fundamental a subject as life to your boys and girls. Tell them the story intelligently and frankly, and a lasting impression will be made. There is much unfavorable comparison between the tastes of the youth of this generation and their elders at a similar age. If there is a foundation for this it is not the fault of the child. What preparations are made for the normal development of the boys and girls of your city or county? What about the abundance, the price, and the quality of books that the children of your vicinity are allowed to browse over unguided? We can lead them to the best if we furnish them clean stories and

destroy the "yellow story" that is being devoured by our children.

We know how critical is the adolescent period. Ellen Key has suggested a wise remedy. "At this age use love stories but such love stories as will give to the boy a feeling of elevation and regard for the girl, rather than a debasing one, and instill into the very heart of the girl the importance of keeping her body and her soul fit for the heart of a prince."

Much can be done through proper story-telling. Not only stories of the mysteries of sex, but of physical development, care of the body, prevention of tuberculosis, care of children, industrial stories, all selected to fit the psychological period of the hearers.

Is this one more obligation that the public health nurse must meet with her already overcrowded program? Not necessarily. Organized volunteer story-telling would undoubtedly be helpful. The next perplexing problem is what books to use. It is not an easy matter to select reading matter or stories for other people, for mental habits and tastes, personal idiosyncrasies, physical and mental weaknesses and weariness must be taken into consideration. There is no doubt but what stories well read or well told have an actual therapeutic value.

The story, as an educative means, is life in miniature. Upon investigation no doubt you will find that your own library is afflicted with anaemia both acute and chronic, but once a volunteer story-telling organization is perfected, it will help to replace old material by donations carrying 100 per cent of hemoglobin; books for health, and for physical, mental, and spiritual development of every age, and to meet every mood and need.

A FEW SUGGESTED "STORY TELLING" BOOKS

Graded List of Stories to Tell or Read Aloud. American Library Association Headquarters, 78 E. Washington Street, Chicago, Illinois.

Educating by Fairy Stories. K. D. Cather. The World Book Company, Yonkers, N. Y.

Stories and Story Telling in Moral and Religious Education. E. P. St. John. Westminster Press, Philadelphia, Pa.

Stories and Story-Telling. Angela N. Keyes. Appleton, New York.

Story Telling. Edna Lyman. McClurg, Chicago, Illinois.

Story Telling in School and Home. E. R. and A. E. Partridge. The Macmillan Co., New York, N. Y.

The Art of the Story Teller. Marie L. Shedlock. Appleton, New York.

Grasshoppers Green Garden. Julia A. Schwartz. Little, Brown & Co., New York.

Through Story-Land to Health-Land. E.

Zucker and others. Noble & Noble Co., 76 Fifth Ave., New York City.

All Through the Day, the Mother Goose Way. Lippincott Co., Philadelphia.

Nurses are familiar, of course, with health teaching in story form as prepared by the U. S. Bureau of Education, the National Tuberculosis Association, The American Child Health Association, and State Boards of Health.

NOTE: It is true that organized story-telling is becoming more and more a part of the program of every public library, playground and classroom. Trained story tellers are to be found on every staff and faculty. Do they tell health stories or reckon with the importance of linking up their story programs with the health programs of the community? Surely this can be done and done effectively, but not without the help of the public health nurse. For who but the nurse can realize the possibilities of Sir William Osler's "Evolution of Modern Medicine" for story-telling, or of Garrison's "History of Medicine," or of the story of the early life of Theodore Roosevelt? Those who read the last report of the Chief of the Children's Bureau, will remember a very moving use that was made of Hamlin Garland's "Son of the Middle Border." It is such applications of current or of classic literature that will add a spark of romance to the teaching of such homely virtues as sleeping with open windows and eating proper food. What story teller would not welcome the hint that "Eight Cousins," by Louisa Alcott, could be used in this way, or that old fashioned "Strubel Peter" is still funny to little children, yet carries a wonderful (if negative!) illustration of what happens to little boys who do not wash their hands and comb their hair.

FLORENCE BRADLEY

EDITOR'S NOTE: Sara E. Pickett's new book on *The American National Red Cross* has a delightful illustration of a Red Cross nurse telling a health story to a circle of small and eager listeners.

CREDIT AND CORRECTION

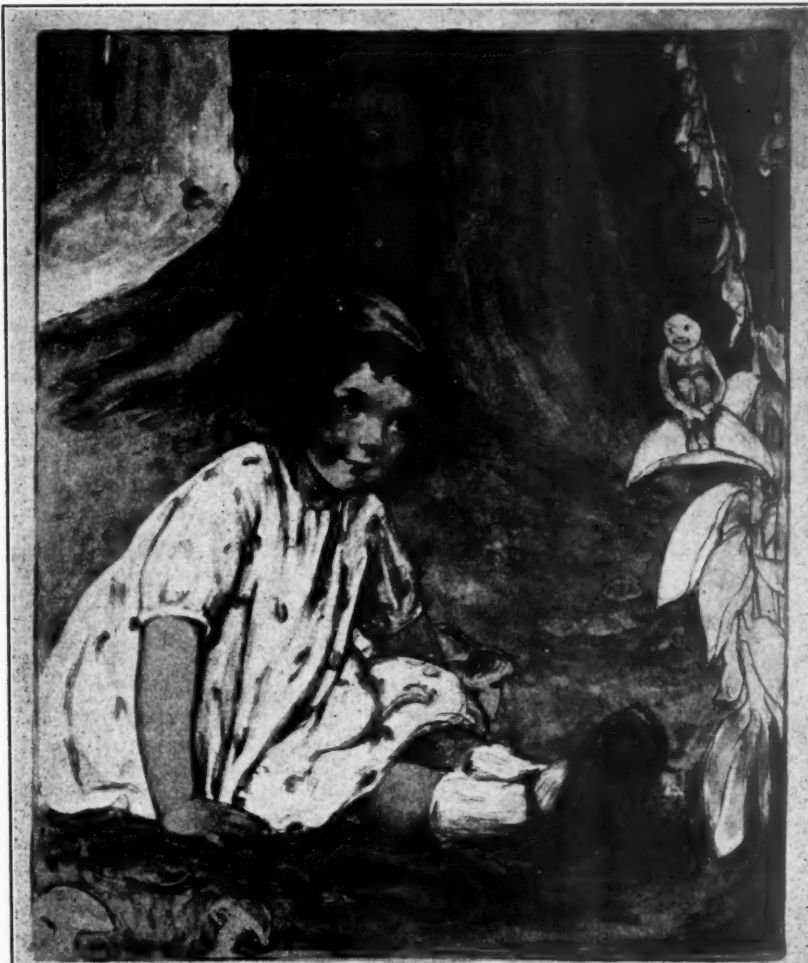
"A Health Study for Institutes for Teachers," which appeared in the December issue of THE PUBLIC HEALTH NURSE, should be credited to Miss Annabelle Peterson, state supervising nurse for the Red Cross and assistant to the Director of the Department of Public Health Nursing in the Indiana State Board of Health.

It is interesting to note that the Department of Public Health Nursing works in close coöperation with the State Department of Public Instruction to develop health work in the schools throughout Indiana. Small town and rural school nurses are supervised by this department and reports are submitted. Last year, for the first time, a request came to the nursing department from the director of teacher training, for a health study to be placed in the institute bulletin. Miss Peterson submitted one that proved satisfactory, and the request was repeated this year. Many rural public health nurses attended the institutes when the health study was considered in the different counties, and assisted materially with the discussion. The director of the Department of Public Health Nursing and her two assistants attended institutes held in counties where no public health nurses were available. The interest of superintendents and teachers was very keen. It is hoped that by this means a desire may be created for more and better health work in the schools.

THE IRRESISTIBLE

Miss Maud Bradish of Union County, New Mexico, writes in the New Mexico News Letter:

Our health exhibit, the first of its kind ever shown in Union County, seemed to be appreciated by the people. It consisted of a Health Land Flyer, modeled after the plan shown by the Child Health Organization and an exhibition of "Baby Savers" and "Baby Killers." The Wiener, which was among the last mentioned, proved a constant temptation to small children, who could not keep from putting their hands out for it. One even picked it up and licked it, while another small boy drew his nose across it, slowly sniffing it from head to tail, others stood and licked their lips in anticipation. It was as hard to watch and keep in place as was the much admired electric train.



**Never frighten children. Serious harm
may result. Fairies, bogies, policemen
should be their friends not their enemies**

The "Upjohn Posters" have enjoyed much popularity with health workers, perhaps because of the very charming way in which they present the various phases of child welfare. Who would at first thought realize that the poster reproduced above conveys an important lesson in mental hygiene? It is a poster that would add distinction to any health office.

The "Upjohn Posters" are 18 in number, on heavy paper backed with muslin. They are painted by hand, varnished and placed on rollers, thus making them easy to carry and display, and also easy to clean. The posters measure 30 x 40 inches.

They are issued by the American Red Cross, National Headquarters, Washington, D. C., Cost, \$4.50 each, or \$80.00 for the set in traveling case.

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by ANNE A. STEVENS

A PLEA FOR YOUR HELP

The Nominating Committee asks for the help of every member of the N.O.P.H.N. The following officers are to be elected at the biennial meeting in Seattle:

President—to succeed Elizabeth G. Fox.
First Vice-President—to succeed Janet M. Geister.

Second Vice-President—to succeed Harriet L. Leete.

Four sustaining members of the Board to fill the vacancies created by the expiration of the terms of office of

Mrs. Chester Bolton, Richmond Road, South Euclid, Ohio.

Miss Mabel Choate, 8 East 63rd St., New York, N. Y.

Mrs. John W. Blodgett, 411 East Fulton St., Grand Rapids, Michigan.

Mrs. Robert G. Dieck, 391 Main St., Portland, Oregon.

Four nurse members of the Board to fill the vacancies created by the expiration of the terms of

Miss Ella Phillips Crandall, 370 Seventh Ave., New York, N. Y.

Miss Jane C. Allen, Poughkeepsie, N. Y.

Miss Anne Strong, 561 Massachusetts Ave., Boston, Mass.

Miss Anna M. Drake, Century Building, Des Moines, Iowa.

Three members to serve on the Nominating Committee to prepare 1926 nominations.

Two names must be submitted for all these offices. Will members please send suggestions of candidates for

these offices to the Chairman of the Nominating Committee before March 15, 1924?

The Nominating Committee wishes to call the attention of each member to the duties and responsibilities which will devolve upon our President.

In considering suggestions for First Vice-President, will each member please remember that all the duties and responsibilities of the President may, in emergency, fall upon the First Vice-President.

In considering suggestions for members to serve on the Board of Directors, will each member remember that those directors are her representatives and that they will decide for her all policies and problems between now and the next biennial meeting in 1926. Let the suggested candidates, therefore, be those who can bring a broad viewpoint and sound judgment to the solution of these problems.

The members of the Nominating Committee are:

Miss Helena Stewart, University of Iowa, Iowa City, Iowa.

Miss Mary Cole, San Francisco, California.

Miss Margaret K. Stack, Division of Public Health Nursing, State Department of Health, Hartford, Connecticut.

Miss Zoe LaForge, Birmingham, Alabama.

ELIZABETH STRINGER, *Chairman*,
80 Schermerhorn Street,
Brooklyn, N. Y.

OUTSTANDING STAFF ACTIVITIES

PERHAPS the department that had the most demands made upon it during December was the Vocational Department.

During December a wide—that is, geographically wide—service was given. Placements were made with public

health nursing services in Arizona, California, Massachusetts, New Jersey, New York, Ohio, South Carolina, South Dakota, and Washington, and in two foreign countries, France and Peru.

While the other secretaries were car-

rying on their regular duties, and while the Administration Department was busy with the budget and plan of work for 1924, the educational secretary, Miss Gertrude E. Hodgman, was visiting nursing services and courses in five southern states in the interests of the education of the public health nurse. The beginning of December found her in New Orleans, but before the close of the month she had also visited Alabama, Georgia, South Carolina, and Virginia.

Appropriately enough, in view of the special interest which is being given the education of the colored nurse, a visit of several days was made to Tuskegee Institute. Interviews were had with Dr. Robert W. Moton, the Principal, and also with the directors of most of the departments.

Miss Hodgman also saw Mrs. Booker T. Washington, who is still interested in the educational problems of her race.

During her stay in Augusta, Georgia, Miss Hodgman addressed the Woman's Federated Club of that city as well as the nurses of the University Hospital.

During this month a change in the magazine arrangements was announced by the publications committee. THE PUBLIC HEALTH NURSE, which was printed in Cleveland when the magazine office was located in that city, is now being printed in Albany.

December was a month with a holiday, and it was probably for this reason that we had even more than our

usual quota of visitors. Health workers en route to their homes for the Christmas season, took occasion to stop off at 370 Seventh Avenue. There were public health nurses and others. Among the others was a physician from Budapest, Hungary, Dr. Emery, who expressed a hope that literature from the N.O.P.H.N. might be sent to the Budapest Medical University Library, which had been completely destroyed during the World War.

Many requests for bibliographies and literature came into the N.O.P.H.N. office during December from students who were preparing their term papers in connection with their courses in public health nursing.

A final word which shows that not only students who are more or less bound to be closely in touch with "Health Headquarters," but nurses and health workers throughout the country are constantly making more use of the services that the N.O.P.H.N. and the rest of the health workers at "370" are prepared to give.

A recent letter to the Secretary for School Nursing began in this way, "When perplexed, consult somebody at 370 Seventh Avenue and you will not be disappointed. This, I am convinced, would be a good slogan for all public health nurses."

A national office is not maintained merely to add distinction to the profession, but to be of service to it and to help in its national development.

QUALIFICATIONS AND REQUIREMENTS FOR POSITIONS IN PUBLIC HEALTH NURSING

In response to a request for a statement of qualifications and requirements for positions in public health nursing, the following was prepared by the Educational Secretary, and after approval by the Committee on Education was endorsed by the Executive Committee.

THE points to be considered in deciding the question of qualifications for Public Health

Nursing positions are:

1. Academic Background.
2. Professional Education:
 - (a) In training school.
 - (b) In post-graduate instruction.
 - (c) Through experience.

3. And in combination with 1 and 2, personal qualifications which are essential.
4. The character and amount of professional educational supervision afforded by the organization directing the work.

1. Academic Background.

It is generally recognized that at least a full high school education or its

equivalent is needed by the nurse in the Public Health field.

However, no National or State professional Nursing Organization has yet been able to require this for membership in these organizations.

It may not be possible to set any requirement higher than that required for registration or licensure in any given province or state although in many private organizations, requirements even up to full high school have been maintained.

2. Professional Education.

(a) Training School.

Requirements for membership in the National Organization for Public Health Nursing and its State Branches are: "Graduation from a training school for nurses connected with a general hospital having a daily average of 30 patients or more and a continuous training in the hospital of not less than two years. Training shall include practical experience in caring for men, women and children together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing. Training may be secured in one or more hospitals.

"In those states where nurse practice laws have been secured, registration shall be an additional qualification."

The requirement for *eligibility* for membership is based on what is considered a minimum and would therefore seem to be a minimum qualification. In states where the registration law required less, such a standard might be difficult to enforce.

(b) Post-Graduate Instruction.

1. Eight-nine mos. University Courses.

A post-graduate course of 8-9 months in Public Health Nursing, as now carried on in various universities of the United States and Canada, is considered most desirable. Such an 8-9 months period has been found to be the minimum of time in which the fundamental subject matter, and necessary practical experience can be covered.

2. Post-Graduate Instruction less than the above.

A four months program of instruction consisting chiefly of field experience under good educational supervision. Such a program should be carried on according to the standards set in the field experience of the 8-9 months university courses.

(c) Experience.

1. As an alternative to such a formal program a year's experience on the staff of a well-organized public health nursing association which affords good teaching and supervision might be considered acceptable.

2. If requirements based on organized instruction or experience as above mentioned are more than can be required it might be possible to require a two months program of experience in practical field work in the department of instruction of a well-organized public health nursing association. (This experience is increasingly being afforded nurses in their under-graduate nursing courses.) And in addition, before appointment, a period of observation, etc. of from two weeks to one month of a good example of the type of work to which the nurse is to be assigned, would considerably benefit the nurse who has had only the limited two months experience.

The Problem

It is obvious that there is a wide divergence between the academic and professional qualifications which are desirable for public health nursing positions, and the professional and academic qualifications which can be required.

Hence, in order to carry on a reasonably satisfactory piece of work two things are necessary:

1. A consistent raising of the required qualifications.

Nursing administrators and supervisors by keeping in close touch with the nursing associations and educators, can gradually set better standards for public health nursing positions as such requirements can be met by a sufficient number of nurses. The demand for

better qualified nurses on the part of employers will serve to stimulate and help the schools to provide the required preparation.

2. A program of education as a part of the administration of this service.

An educational program in an administrative organization is probably best carried out when the nursing department is organized under the direction of a properly qualified Public Health Nursing director, assisted by supervisors prepared in the special phases of the nursing program. The educational work can be carried on—

1. Through personal visits, demonstrations, conferences and individual advice.
2. Through organized reading and study.
3. Through institutes, etc.

Before many years it is to be hoped that a number of schools will offer the education for public health nursing which has been outlined in the recent report of the Rockefeller Committee on Nursing Education. Such a program of instruction (other things being equal) should provide nurses well qualified for Public Health Nursing positions.

Requirements for supervisors and administrators should be considered in the light of the best qualifications along

the lines indicated, with the added requirements of experience, and personal qualifications of the sort to warrant executive and teaching positions.

NURSING CONVENTION

The Biennial Convention of the three National Nursing Organizations will be held in Detroit, Michigan, June 16 to 21, 1924.

The Board of Directors of the three organizations, in recent session, approved the following program plan:

Business meetings of the three organizations, Monday, June 16; Saturday, June 21.

Joint day meetings, 9-11, 2:30-4:30, Tuesday, Wednesday, Friday.

Joint evening meetings, 8-10, Monday, Wednesday, Friday.

Organization sessions, each day, 11:15-12:45.

Round tables, time reserved, 4:30-6:00.

Section meetings, Thursday, 9:00-12:45.

The Local Arrangements Committee advises that hotel reservations should be made at once.

Hotels

Statler, Washington and Park Boulevards.

Wolverine, Witherall and Elizabeth Streets.

Dixieland, John R. and Farmer Streets.

Tuller, Park Boulevard and Adams Avenue.

Fort Shelby, 525 Lafayette Boulevard.

Madison and Lennox, Madison and John R. Streets.

Prince Edward, corner Ouelette and Sandwich Streets.

The Publicity Department of the N.O.P.H.N. wishes to announce its new Package Publicity Loan Service.

This service is the natural outgrowth of the many requests which this Department has received from Public Health Nursing Organizations that ask to see the material which other Nursing Organizations have recently produced. This interchange of pamphlets, bulletins, etc., has evidently been of real assistance in the preparation of new publicity material.

Any Nursing Organization is now invited to use the Package Publicity Loan Service. The Package, which may be borrowed for a period of ten days, contains samples of some of the best publicity material produced by individual services in 1923. Aside from the return postage there is no charge to members for the use of this service. One request, however, is made by the N.O.P.H.N., and that is, that each Nursing Organization borrowing the Package, send to the headquarters office a copy of the new publicity material prepared after the Package was consulted.

There are but twelve Packages. Those who wish to make use of this new service are asked to notify the Publicity Department of the N.O.P.H.N. sufficiently far ahead to insure their receiving it.

REVIEWS AND BOOK NOTES

THE PRINCIPLES OF VITAL STATISTICS

I. S. Falk, Ph.D.

W. B. Saunders Company, Philadelphia, \$2.50

Those of us who read with interest and profit Dr. Falk's series of *Essays on Vital Statistics*, which appeared in *THE PUBLIC HEALTH NURSE* in 1922, will be glad to know that they have been incorporated and expanded into a compact readable book.

Dr. Falk has made this a valuable handbook for the public health nurse, which can be used with equal gain by the nurse or executive; giving the one a knowledge which will make her approach her work with more intelligence—a knowledge quite apart from record keeping—and the other a broader comprehension of the possibilities of the use of the masses of material which have been collected in her organization.

For use as a reference book, by those employed in actually doing the statistical work of public health nursing, it will be found more convenient than the standard works, as it contains only the material which is needed in this field. A literary flavor, added to its simplicity and clearness, makes this a book that will be appreciated by those to whom "statistics" is usually a term of dread significance.

MAE CHAPIN

MENTAL HYGIENE AND THE PUBLIC HEALTH NURSE

By V. May Macdonald, R.N.

J. B. Lippincott Company, Philadelphia. \$1.50

Miss Macdonald out of a long experience in dealing with mental patients, both in and out of hospital, and association with many of the foremost workers in the field of mental hygiene, has written a book which is full of valuable information for all nurses, not only those engaged in public health activities, for whom it was especially

written, but also those in institutions and on private duty.

The advice on training for work in the field of mental hygiene should be most helpful to teachers of nurses. It might well be used as a basis for a course in mental hygiene in hospital schools for nurses as well as in public health nursing courses.

The chapters on the significance of the problem and community contacts will be especially valuable to public health nurses and social workers, while mental health of children is invaluable to all. The book not only contains information but it also stimulates interest in the general subject and supplies reference texts which can be sought to obtain further information. It is difficult to understand how Miss Macdonald has been able to compress so much material in such readable fashion into a volume which contains only 67 pages.

The book is a definite contribution to nursing education and to the mental hygiene movement.

ELNORA E. THOMSON

THE COMMUNICABLE DISEASES

By Allan J. McLaughlin, M.D.

Harper & Brothers, New York, 1923. \$2.00

Another book on this subject needs some justification, but this particular book has ample reason for having been written. It is one of a series, of which the author is editor, which is intended neither for the professional sanitarian nor for the general laity, but for an intermediate group comprised of club-women, social workers, teachers, clergymen, lawyers, and physicians, persons, in fact, who make up the intelligent group of those who lead and mould public opinion. As such, this book is admirably suited for the purpose. It tells in simple, non-technical, though accurate language the story of the prevention and control of the communicable diseases. The six parts take

up: Causes of disease, epidemiology, quarantine, sources and modes of infection, and methods of adequate control; Diseases spread by mouth and nose discharges; Diseases spread by intestinal discharges; Diseases spread by insects; Diseases derived from animals; and miscellaneous diseases. The author is a broad-minded sanitarian, who has a clear and sane view of the problems of disease control and the various forces, official and voluntary, which should be mobilized to put preventable sickness out of business. He believes strongly in education of all the people and his book is, in fact, an endeavor to accomplish just that, by means of instruction of those who in turn can teach others not gifted with the faculty for reading books on sanitary science. Except for the lack of an index the book is well printed and attractively set up. Public health nurses will find this an excellent book to recommend to persons who want to learn more about their health and how to promote it.

JAMES A. TOBEY

French Publications for Nurses. American nurses should congratulate their sisters in France in that a new journal on the subject of nursing has recently appeared. The other, *La Dame à la Lampe*, published as a bulletin of the Florence Nightingale School at Bordeaux, has perhaps a more limited function, but as the organ of that progressive school and the mouthpiece of Doctor Anna Hamilton, who has accomplished so much for nursing in France, its significance and promise is great. This publication is nearing the end of its second year of existence.

L'Infirmière Française, whose first issue appeared in April, 1923, is a welcome addition to nursing literature in France. It has a wide appeal not only to the many nurses in France, but will be a channel of expression for the new ideals in nursing education which are so insistently making themselves known. Through it information regarding the new state laws for the registration of schools of nursing and

the requirements for the two state diplomas in nursing will be disseminated, and by it leaders in nursing efforts will be able to guide and inspire. As the first publication to speak for the profession at large, its usefulness will be very great, particularly if it finds it possible to speak directly to nurses through nurses. Women in France have perhaps up to recently been listening to their own voices insufficiently, and have not dared to express their own opinions with enough confidence and vigor. So to *L'Infirmière Française* we send greetings and best wishes, and trust that she will speak out her mind, her hopes, her aims, her objections, and that she will be able to gather her comrades around her, and with a strong voice, make herself heard for the betterment of her group—better preparation, better pay, better treatment, and above all, for greater efficiency and progress in the rôle of educator and preventor, as well as curer of ills.

JULIA C. STIMSON

HAIL AND FAREWELL

Mother and Child, the official publication of the American Child Health Association, appears with the January issue in a new form, a new name *The Child Health Magazine*, pages doubled in size, attractive typographical appearance and rather fully illustrated.

An editorial announcement says:

We ask you to consider this issue as the first step in transforming a pioneer publication into a big national journal of child health activities.

The Bureau of Education, Department of the Interior, has issued a new poster and a new Reading Course that carry the message of Health Education. The poster is entitled "Sleep" and represents, in Jessie Gillespie's charming adaptation of the silhouette, a little child sleeping in a four-poster bed. The background is pale blue and "dreamy" with the round moon looking in at the window. The lettering is bold and the mottoes are striking. The hours of sleep for children of different ages are interestingly presented, and

"Sleep" is linked up with children's desires and motives.

The *Reading Course for Parents* has been prepared by Harriet Wedgwood of the Division of Physical Education and School Hygiene. The books to be read are classified under various subjects such as The Pre-School Child, Nutrition, Healthful Play and Activity, Healthful School, Community Responsibility, etc. This course is No. 25, in the series of reading courses issued by the Home Education Division and is entitled, *Pathways to Health*. Anyone who reads fifteen of the books is entitled to the certificate issued by the Bureau of Education.

The books suggested for reading have been carefully selected and parents who enroll in the course will be stimulated to further all measures that have to do with the health of children.

JULIA W. ABBOT

The National Committee for Mental Hygiene, 370 Seventh Avenue, New York have recently issued a reprint of *Mental Hygiene and Childhood*, a radio talk given by Dr. Frankwood E. Williams. Single copies of this can be had without charge. The price per hundred is fifty cents. We are sure nurses will find this leaflet—full of the kind of practical, helpful information usually difficult to find in mental hygiene—exceedingly useful as a "talking point," and to put into the hands of mothers—we mean "parents."

A report of the *International Health Education Conference* of the World Conference on Education held in San Francisco, California, in June, 1923, has just been issued. (Reports of this meeting appeared in THE PUBLIC HEALTH NURSE for August and September.) The papers and discussions have been arranged in sections.

The Hopes and Aims of the Conference.
Some Functioning Health Programs.
Factors in a Health Education Program.
Nutrition and Health Education.
The Relation of School Physicians and Dentists to Health Education.
The Nurse and Health Education.

Physical Training in Relation to Health Education.

The Training of Teachers and Leaders for Health Education.

The Contribution of Non-School Agencies to a Health Education Program.

This valuable volume may be obtained from The American Child Health Association, 370 Seventh Avenue, New York City, at the cost of \$1.00 postpaid.

The October number of the *Monthly Bulletin*, Bureau of Public Health Nursing and Child Hygiene of the Oregon State Board of Health, gives the interesting results of a survey of the State Infant and Child Clinic records and "has reduced to black and white the findings of all these clinics held in 1922 and 1923." The two results are:

1. The presentation of the facts regarding the examination of 2,143 infants and children. Of these children 440 had only one or two minor defects or none at all; the 1,703 others had defects which needed attention and each child averaged three defects.

2. The need for more complete records in order that the present condition of the child may be related to previous health factors in his life, as for instance whether a doctor or midwife was in attendance at his birth, whether he was breast fed, etc. The need for better records is well explained and methods of obtaining more satisfactory data are given.

"Each county nurse will note with interest the data of her community. She will utilize this data in newspaper publicity, in talks before women's and men's clubs, and in various other ways. She will find many talking points about tonsils, adenoids, eyes, teeth, knock-knee, malnutrition, and kindred subjects. That is one of the purposes of the survey."

The December Bulletin of the Indiana State Board of Health contains brief outlines of the work in the various departments and divisions. The reports of the Division of Infant and Child Hygiene and the Department of Public Health Nursing are amplified by charts. The public health nursing chart carries out the Ohio idea of a tiny nurses' figure in the cities and the counties where provision has been made for them and also showing by a

sign where communities are organized and ready for nurses. A very interesting report.

The National Committee for Mental Hygiene has a revised list of books on mental hygiene recommended for the use of libraries. Also a list of their own reprint publications. Both may be had on request.

Three recent reprints of value to nurses are:

The Relation of the School to the Mental Health of the Average Child. Jessie Taft.

The Place of Mental Hygiene in the Schools. Walter L. Treadway.
A Mental Health Primer.

This consists of a series of short articles on the symptoms and especially the prevention, of the more common type of mental diseases. 25 cents.

PUBLICITY FOR HEALTH BOOKS

National book promotion plans of the National Association of Book Publishers for 1924 include special emphasis on health books during February. The Association publishes a semi-monthly news-sheet, *The Year-Round*

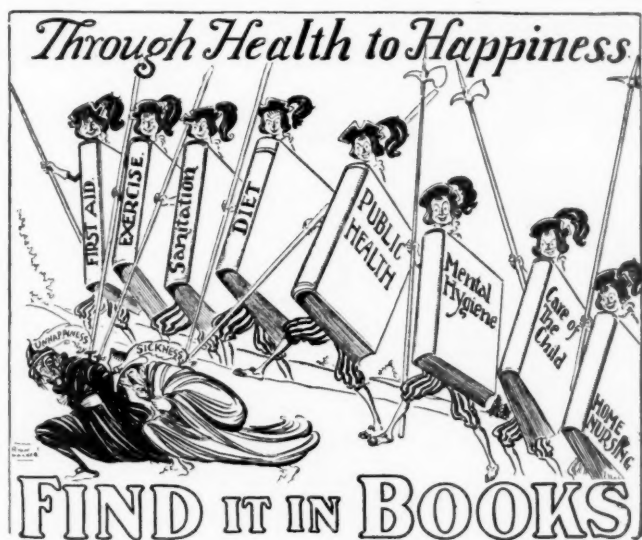
Book News, which is mailed to four thousand booksellers, librarians, club chairmen, etc. This news-sheet also goes to literary editors of three hundred newspapers and to general magazines. It is believed that the interest of the public in health books will be greatly stimulated by this national publicity.

An attractive display card has been prepared to be used in bookstores and library displays and advertising during February.

A number of magazines of national circulation are to carry special articles and reviews of health books in February and March issues.

A suggested list of health books for popular reading has been compiled by the National Health Council in consultation with its member organizations.

Among organizations coöperating with the National Association of Book Publishers in this campaign are: the U. S. Bureau of Education, which is preparing a new health reading list, the National Health Council, American Library Association, National Congress of Mothers and Parent-Teachers Association and the National Industrial Conference Board.



Copies of this poster (11" x 13") in blue and black may be obtained from the National Association of Book Publishers, 334 Fifth Avenue, New York City. No charge.

RED CROSS PUBLIC HEALTH NURSING

MISS MINNIE AHRENS RESIGNS

After serving six years as Director of Nursing in the Central Division of the American Red Cross, Minnie Ahrens resigned January 1st to accept the newly created position of Executive Secretary of the First District of the Illinois State Nurses Association.

Appointed Director of Nursing when the Central Division headquarters was first organized in 1917, Miss Ahrens remained in this post ever since and her resignation was accepted with great reluctance by the American Red Cross. So able were her leadership and her administration that she could not easily be replaced.

It is with great satisfaction, therefore, that we announce the appointment of her successor, Mrs. Elsbeth Vaughan, well known to the nurses in Michigan and throughout the middle west. Mrs. Vaughan, who was a member of the staff at Red Cross National Headquarters during the war, for the past year has been the Director of Public Health Nursing of the Michigan State Department of Health. She will undertake her new duties on April 1st.

ANNUAL MEETING OF NATIONAL COMMITTEE ON RED CROSS NURSING SERVICE

On December 11, 1923, sixteen members of the National Committee on Red Cross Nursing Service met in Washington for the annual meeting of the Committee. This Committee assembles annually at the time of the annual meeting of the American Red Cross for a formal review of the change and growth which each year brings to the Nursing Service. It also meets during each biennial convention of the three national nursing organizations and on call of the Chairman, Clara D. Noyes. Throughout the year, its advice is sought on new policies and developments.

A word about the origin and personnel of this Committee may not be without interest. Briefly, in 1909, the American Nurses' Association, then the Associated Alumnae, at the request of the American Red Cross agreed to assist with the development of a Red Cross Nursing Service. The first step was to establish a "National Committee on Red Cross Nursing Service," composed of representatives of the national nursing organizations.

The work of this Committee from the first has been wholly advisory and has dealt with such matters as the de-

velopment of the Red Cross Nursing Service; the establishment of state and local enrollment committees; the establishment of uniform standards for the enrollment of nurses; the provision of nursing personnel to meet the need occasioned by emergencies, disasters and war; the development of a course in Home Hygiene and Care of the Sick; the development of the Red Cross Public Health Nursing Service.

Today the membership of this Committee is composed of the Surgeons General of the Army, Navy, U. S. Public Health Service and the Medical Director of the Veterans Bureau; the Chief Nurse of the Nurse Corps of the Army, Navy, U. S. Public Health Service and Veterans Bureau; ten representatives each of the American Nurses Association, National League of Nursing Education, National Organization for Public Health Nursing; three lay members; and the service heads at National Headquarters *ex officio*. This story in full is most interestingly told in the "Official History of American Red Cross Nursing."

To return to our account of the December meeting: There were reports

from the subcommittees and recommendations to the Executive Committee of the American Red Cross and other official business and interesting accounts of what was actually happening among the nurses now on active duty. I have elected to relate a few of the points which interested me personally, hoping that in so doing you in the field may in a measure "listen in" on the Committee's session.

The chairman's report of the foreign work of the American Red Cross Nursing Service for 1923 was given first. In it, Miss Noyes told of the organization and development of the seven schools for nursing, six in Europe and one in Haiti, which have been financed by the American Red Cross and directed by American Red Cross nurses. These stand today as monuments of American sympathy practically applied and of the ability and resourcefulness of American nurses. It is difficult to tell the story of any of these schools adequately without seeming to exaggerate. There is much romance and color about them, and their influence for the future is a fertile and interesting subject for prophecy. Two bits from Miss Noyes' report will interest you sufficiently to make you wish to read the story of these schools when it appears later.

Perhaps one of the most interesting features of this school has been the development of interest on the part of Turkish women in nursing. This year alone, fourteen Turkish women have been admitted as students.

Of another school, Miss Noyes said:

The school at Sofia is now well under way. A strong local committee with representatives of the Red Cross, the University, the Ministry of Health and Education, has been developed to support the enterprise. In addition, Miss Torrance, the director, has a smaller committee of both men and women, which includes the Director of Pedagogics for Bulgaria. He has been greatly interested in the development of the educational work for the students and has been of great assistance to Miss Torrance. One of the greatest difficulties that Miss Torrance has encountered and overcome has been the abolishment of the obligatory clause requiring the students upon graduation to serve for a period of five or more years in the Red Cross and

other hospitals. The committee has gradually been convinced by Miss Torrance that if nurses have the proper ethical training and are left free they will be the first to realize their obligation toward the sick of the country and will not need contracts to show them their moral obligations. This school is developing upon a sound educational basis, is securing very excellent material in the way of students, and has gained the confidence of the people. It has demonstrated that it is not only necessary to have nurses, but that the school provides an opportunity for the women of the country.

Interesting figures in the report on enrollment were these:

Total number of enrolled Red Cross nurses	40,055
Total number of marriages, December, 1922, to December, 1923 (average 170 per month)	2,040
Total number of nurses assigned on duty outside U. S. referred by the A. R. C. to other organizations	38
Total number of nurses on duty outside the U. S. directly under the A. R. C.	13
Total number of nurses on duty as public health nurses (as of October, 1923)	980
Total number of nurses on duty as instructors in home hygiene and care of the sick	978

The figures show in part the numbers of nurses still busily engaged in American Red Cross activities even though peace has come "to dwell with us" once again. There are also other nurses doing volunteer service from time to time who are not counted in the above figures.

Miss Fox's report gave to the committee members a picture of some of the problems which the public health nursing service must work out.

More and more the necessity is being recognized by every public health nursing organization of any size for carrying on a constant process of training and education of its staff. This usually includes such methods as staff conferences, a series of lectures, systematic demonstrations of technique, supervisory visits and the like. The Red Cross Public Health Nursing Service has a staff of about one thousand public health nurses spread all over the United States and its insular possessions. Many of these, though graduates of a post-graduate course, face rural conditions for

the first time in our service. Many of them have had experience in only one phase of public health nursing, as visiting nursing or infant welfare work. Few of them have had any training and almost none of them adequate experience in committee and community organization.

Immediately upon appointment, they find themselves confronted with problems with which they are unfamiliar. The formulation of their working plans necessitates a radical adjustment of procedures with which they have had experience because of the sharp difference between city and country conditions. The outlining of a plan of work adapted to rural economic and social conditions, geographical and transportation difficulties, and the paucity of remedial and preventive resources calls for an unusual degree of imagination, resourcefulness and elasticity. Again, in setting about her work, the nurse has to use quite a different approach to her people from that which she would use in the city. She finds it necessary to build up a new psychology and philosophy.

In the small towns and in the country, there are no foundations such as have been laid in cities and the nurse must begin the building herself. The erecting of a firm structure to support the public health nursing service is one of the most imperative tasks which she must assume and one for which she has the least preparation. Along with this task goes the creation of a public opinion favorable to the promotion and permanency of the service which is being inaugurated, another task for which she has had little if any training. Along with the process of building goes also the establishment of cordial and workable relations with the health officer and the health board, the superintendent of schools and the school board, and the medical and dental societies. This, too, is an undertaking calling for a considerable degree of gumption and understanding of human nature.

As the work gets under way and becomes substantial, she must endeavor to convince the county commissioners, the common council or the official governing body, whatever its title may be, and the taxpayers who influence the decisions of these officials, that public health nursing is an essential part of the life of the community and as such must eventually be taken over and financed by the public authorities.

And finally, our nurse must adjust her whole manner of living to country life.

It is obvious that the Red Cross cannot use the same methods which city organizations use in order to help the members of our staff with these tasks which have just been described. We have had to cut a new pattern fitted to our cloth.

Our most important instrument of assistance is provided by our field staff which is made up of nurses, usually called supervis-

ing nurses, and others of varied professional training and experience called field representatives. In nearly every state, there is at least one of each. They endeavor to visit each chapter perhaps two times a year, making four visits between them. This number, of course, varies greatly with the size of the state, the density of the population, the means of transportation and the like. Both the field representative and the supervising nurse are charged with helping the staff nurse with her problems of organization and of relationship. Advice concerning her working plan and her technique comes from the supervising nurse alone. We rely upon the visits of these field workers as our greatest source of support and help to our chapter workers.

In addition to the field staff, Miss Fox pointed out the assistance offered the chapter nurses through correspondence, through the monthly Division news letters, through special meetings, through pamphlets, manuals, guides and outlines prepared by the national staff, and by financial assistance for further postgraduate education.

Speaking further of the field staff, Miss Fox explained:

I have spoken of our field staff. Its personnel changes, but we have approximately 40 supervising nurses, about 33 of whom are employed entirely by the Red Cross, the remainder serving the Red Cross and the state board of health or some other state association. Our general plan is to have one supervising nurse to a state, but this depends upon the number of chapter nurses in any given state. In some states, there are two supervising nurses while some of the supervising nurses cover two and in one instance, three states. Some of the supervising nurses are charged with responsibility only for the public health nursing services in the chapters. Others, while they visit only chapters having public health nursing services, are responsible for all the activities in which those chapters engage, while in two or three states the supervising nurse is also field representative and is the only field worker we have in the state. We are rather proud when our nurses develop sufficient capacity and breadth of interest to carry so large and varied a responsibility.

Supervising nurses are usually promoted from the chapter staff.

In announcing the resignations of Miss Gibbes and Miss d'Olier, Miss Fox said:

When Miss Virginia Gibbes went to the Philippines in March, 1922, the chapter was employing 11 nurses. It now has a public

health nursing service numbering 91, 70 of whom are working in 38 provinces and 16 in Manila. These nurses are all graduate Philippine nurses. Some of them are men. They have been prepared for their work in the public health nursing course in the University of Manila or through a period of experience with the Red Cross public health nursing staff in Manila. Miss Gibbes has also four supervisors who are Philippine nurses trained in the Philippines who have had a postgraduate course in public health nursing in America. Miss Gibbes is returning to this country in the spring with a record of brilliant achievement to her credit and will be replaced by Miss Pansy Besom.

In the course of a couple of years, Miss Kathleen d'Olier has developed a staff of 12 public health nurses in Porto Rico, 7 of whom are financed by the San Juan Chapter, 4 by the public authorities and 1 jointly by the chapter and the public authorities. These nurses are all natives and graduates of Porto Rican training schools. Three of them have had postgraduate training in public health nursing in the United States. A flourishing baby clinic has been built up at Puerta de Tierra, San Juan, which is serving as a model for the rest of the island. There are smaller baby stations in each of the towns where the public health nurses are located. The opportunity is ripe in several other towns to develop a public health nursing service and a baby station as soon as nurses can be provided for them. The greatest difficulty in the way of expansion lies in the limited number of Porto Rican nurses sufficiently well trained to qualify for this service. Miss d'Olier, after devoting two years to the promotion of this service in Porto Rico with much success has returned to the United States and her place has been taken by Miss Rose Schaub.

Late in the afternoon came the announcement of the appointment of Miss Elizabeth G. Fox by the League of Red Cross Societies as a member of its newly created Nursing Advisory Committee. Baroness Mannerheim of Finland, President of the International Council of Nurses, has been appointed chairman of this committee which consists of five members appointed for a term of three years. It is expected that this committee will meet annually in Paris, the first meeting probably to be called in April, 1924.

In order that she might have the advice and help of others somewhat familiar with nursing problems in Europe and of leaders in nursing education or public health nursing in America and might bring to the League of Red Cross Societies more than her own individual opinion, Miss Fox proposed the creation of a small committee from among the members of the National Committee on Red Cross Nursing to act as her advisers. In the selection of Miss Nutting, Miss Clayton, Miss Stimson, Miss Gardner, Miss Beard, and Miss Noyes for this purpose, American nurses may well feel that Miss Olmsted, Director of Nursing of the League of Red Cross Societies and the Nursing Advisory Committee of the League, will receive the best that America can give them in the way of counsel, assistance and support.

H. T.

IN A "BABY HOME"

In your house of order and whiteness and measured hours,
What do you know of love,
Baby?
O you of regular feedings and finished care,
Why do you smile at me with understanding in your eyes?
I have come from grey-haired persons with serious faces—
I must hurry back to them.
Why do you you hold me with your little fingers?
My time is precious, baby,
There, don't cry—
How could you know of love?

CAROLINE AINSLIE

NEWS NOTES

With deep regret we record the death of Dr. L. Emmett Holt in Peking, China, on January 14, 1924, where, nearing seventy, he went as special lecturer to the Union Medical College in Peking. Nurses know Dr. Holt not only as the author of "Care and Feeding of Children" and "The Diseases of Infancy and Childhood," but as a constant and devoted advocate of the cause of child health.

Dr. Holt has been called the best friend the children of America ever had. He proved his right to the title not only as author of the clearest, most concise and most helpful of books on the care of children, but as diagnostician, teacher, and practitioner. It is not too much to say that his efforts created a new era in the upbringing of children.

It was typical that Dr. Holt should have died spreading the gospel of child health in a far-off land. He never considered himself, and retained to the end a boundless enthusiasm and the very zest of youth itself, which set aside all barriers of increasing years.

He was at one time President of the American Child Hygiene Association, and has been Vice-President since its beginning, of the American Child Health Association. Among many other responsibilities Dr. Holt was retiring President of the American Pediatric Society and member and Secretary of the Board of Scientific Directors of the Rockefeller Institute for Medical Research.

Miss Christiana Reimann, the Honorable Secretary of the International Council of Nurses, is in this country studying at Teachers College, and making observations and visits. Miss Reimann (who speaks English with that perfection which the native-born do not often attain) is a graduate of the Bispebjerg Hospital, Copenhagen, and in 1920 spent a year in the Henry Street Nursing Service. Plans are now being made for the meeting of the International Council in Helsingfors, Norway, in 1925.

The League of Red Cross Societies is borrowing Miss Eunice Dyke, Director of Public Health Nursing of the Department of Public Health, Toronto, Canada, for four months, to assist Miss Katherine Olmstead in developing certain public health nursing projects in which the League is interested. Among these is the development of plans for a teaching center in London in connection with the International Course for public health nurses at Bedford College. Miss Dyke sailed on January 17th.

Miss Elizabeth G. Fox, President of the National Organization for Public Health Nursing, has been appointed as the Washington representative of the National Health Council. Miss Fox will act for the council not as a paid staff member but as liaison officer in Washington.

Miss Winifred L. Fitzpatrick last month rounded out twenty years of faithful and effective service in the Providence District Nursing Association. An interesting light on the growth of public understanding and appreciation of public health nursing since she joined the organization is shed by the disclosure that in the early days of her service, when the staff of the organization, then three years old, consisting of only three nurses, visited the sick, policemen often sat in the kitchen during the call, because then it was not thought safe for women to be alone on such a mission.

Miss Fitzpatrick, who is associate superintendent of the Association, was honored at a staff meeting, where she was presented with a pin by the nurses

of the Association. The Board of Directors passed a resolution in honor of the event, and likewise presented her with a memento of the occasion.

At the invitation of Mrs. Charlotte Heilman, Director of American Nurses of the recent commission to Greece by this country, the nurses of Greece have formed a graduate nurses association. The purpose of the association is to draw the nurses closer together, to keep them in touch with the development of the profession in other countries and to improve nursing ideals and standards in the country.

Miss Clonari, through whose influence all but one of this group were led to take up nursing, was elected president of the Association. Miss Clonari is a graduate of Massachusetts General Hospital, Boston, and is now supervisor of American Women's Hospitals in Greece.

Other members include:

Miss Anesti, a graduate of the New England Baptist Hospital, Boston, now superintendent of the Children's Hospital, Athens, Greece.

Miss Bola, a graduate of the London Hospital, London.

Miss Tsitsekly, a graduate of "La Source," Institut de Gardemalade, Lausanne.

Misses Lekatsa, Inglesaki, M. and S. Chrysaki, all graduates of the New England Baptist Hospital. Miss S. Chrysaki and Miss Inglesaki have also taken the course in Public Health at Boston.

Miss Paterou, a graduate of the New England Baptist Hospital, now superintendent of the Neurological Clinic of the University of Athens.

Miss M. A. Zacca, a graduate of the New England Baptist Hospital, was elected Vice-President. She also has taken the course in Public Health at Boston, and is now Director of Infant Welfare Work at Athens. Correspondence should be addressed to Miss Zacca, 19 Karneadou Street, Athens, Greece.

Miss Minnegerode writes us that the Bureau of Public Health Service has secured a nurse who will conduct a course in public health nursing at the University of Santiago, Chile, and who will also establish there a Visiting Nurse Association. Mrs. Bessie P. Drennan, who has been appointed, is a graduate of the Michael Reese Hospital. Mrs. Drennan has lived in Mexico, speaks Spanish fluently, has had public health training, and experience in the Henry Street Nursing Service. A splendid preparation for this interesting piece of pioneer work. Our cordial good wishes to Mrs. Drennan.

We understand that similar work awaits a nurse in Peru.

Miss S. Salamanca, Superintendent of the Nurses Service, office of Public Welfare Commissioner, Philippine Islands, who spent a year here studying American methods, writes us:

After a year's absence I found many changes in the organization of the office so that I had to start anew. I have already been able to pass through many of the changes that I thought were necessary for the success of our work.

As to the activities of the Filipino Nurses Association, I am pleased to tell you that preparations are now under way for the celebration of the Nurses' Convention by February of next year. This will coincide with the Carnival Week, and I am taking the advantage of holding an institute for the nurses working in the provinces who are under this office. The public health nursing committee of the Filipino Nurses Association has also planned to publish a Public Health Nurses Manual for use in the Philippine Islands. . . . It is our hope that this publication will meet the needs of the nurses that are now working with many handicaps in the provinces.

Miss Fitzgerald of the Rockefeller Foundation is leaving the Islands very soon. No doubt you know very well the great work that she has done in the short time that she has stayed in this country. The period she spent in the Philippines could be considered a very important one in the development of the nursing profession. You cannot imagine how much the Filipino nurses will lose with the withdrawal of Miss Fitzgerald.

Miss Elizabeth G. Fox has been appointed a member of the newly created Nursing Advisory Committee of the



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in sick room for sterilizing, heating broths, water and other uses. Take one with you on every case. Often it will be your only resource, always it will be useful.

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Canned East 37th St., New York City, Dept.
Heat 109, and we will send you complete
stove, handy extinguisher and can of
Sterno Canned Heat prepaid.

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KENTUCKY

League of Red Cross Societies, of which Baroness Mannerheim of Finland, President of the International Council of Nurses, is chairman. The committee consists of five members appointed for three years, and is expected to meet annually.

At the suggestion of Miss Fox, a small committee from among the members of the National Committee on Red Cross Nursing, has been named to act as her advisors. Miss Adelaide Nutting, Miss Lillian Clayton, Miss Julia Stimson, Miss Mary Gardner, Miss Mary Beard and Miss Clara D. Noyes were chosen for this committee.

The Committee on Publicity Methods in Social Work announces that a prize of \$250.00 will be awarded for the best one act play dealing with some phase of present day social problems. The winning play will be presented at the National Conference of Social Work in Toronto during the week of June 24th. Details of the contest may be obtained from the Committee, at 130 East 22nd Street, New York City.

As the first step toward the development of a health community and rehabilitation center, "The Psychiatric Foundation of the Western Reserve" has been organized by a committee of prominent men and women in Ohio. It is designed to fill a need not previously provided for in Ohio, for the care and treatment of those suffering from nervous and mental disorders. While it will be in a sense a rest colony, in picturesque rural settings, with facilities for sport, recreation and occupation, the purpose will be to develop it as a recognized "center of research and investigation" in all phases of practical psychology, and the causes, treatment and cures of nervous ailments of all kinds.

The Hall of the Health of Mankind, in the Art and Industries Building of the Smithsonian Institution, Washington, D. C., is now open to the public. Government departments and voluntary health agencies are represented by exhibits.

NEWS FROM THE STATES

Massachusetts

Advances in industrial medicine were discussed at the December meeting of the New England Industrial Nurses Association by Dr. Clarence O. Sappington, Bureau of Vital Statistics, Harvard School of Public Health. The speaker predicted great advances in this field within the next twenty years and called attention to the achievements that have already been made. He spoke of the importance of physical examinations in industrial plants, and of the necessity of well-kept records. Lost time from sickness is being cut down in factories which employ full time physicians.

Executives from different industries were guests at the ninth annual meeting of the Association January 12. One hundred and twenty members and guests attended the meeting, which was preceded by a dinner.

The speakers were John Garvey, Employment Manager, Dennison Mfg. Co., who spoke on Good Will; Miss Ethel Johnson, Associate Commissioner, Mass. State Board of Labor and Industries, Educational Work of the Industrial Nurse; Dr. Sappington, Economic Value of Physical Examination in Industry; and Herman Behr, Safety Engineer with the Liberty Mutual Insurance Co., The Industrial Nurse and Safety Engineering.

The newly elected officers are: President, Florence L. Berry; First Vice-President, Louise G. Fisk; Second Vice-President, Anne Selly; Recording Secretary, Clarissa Haseldon; Corresponding Secretary, Mary Murphy; Treasurer, Helen F. Stevens. All are registered nurses.

Michigan

The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants at Lansing, Michigan, March 5 and 6.

Minnesota

Nearly 600 state nurses attended what proved to be one of the most successful meetings ever held in Minnesota. It took place in St. Paul, October 18-20.

At the opening meeting of the State Organization for Public Health Nursing Dr. A. J. Chesley, State Board of Health, discussed "Health Conditions among the Indians in Minnesota," Mr. William Hodson of the Russell Sage Foundation spoke on "The Relation of the Public Health Nurse and the Social Worker," and Mr. Wickman of the Child Guidance Clinic outlined the plans for this clinic.

The Public Health Round Tables centered around the following topics: "School Nursing," "Tuberculosis Nursing," "Rural Nursing." Advertising Public Health was under discussion. At the Rural Nurses' Round Table, Mr. Everts, Director of Health Education, State Education Department, told of recent legislation which resulted in the inclusion of a certain amount of Hygiene instruction in the public schools.

Of interest to all was the adoption of a state uniform for public health nurses, consisting of a blue-gray washable dress, a navy wool jersey dress and a warm winter coat. The uniform has been under discussion at nearly every nurses' conference for years, and its final adoption was largely due to the careful preliminary work of the Uniform Committee, and the staging of a real uniform style show at the Rural Nurses' Round Table.

Missouri

Miss Anna Heisler, from the Division of Child Hygiene of the Missouri State Board of Health, has been giving a course of special lectures to the students in Public Health Nursing at the South Side Teaching Center in St. Louis, under the auspices of the Missouri School of Social Economy.

(Continued on page 24)

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